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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 001135-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.59**	**203.27**	**7/1/2011**
	Level H: AIDS	355.45	349.47	7/1/2011
	Level U: Fragile Under 21	471.70	466.80	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/21/1988

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 001136-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.06**	**204.84**	**7/1/2011**
	Level H: AIDS	356.92	351.04	7/1/2011
	Level U: Fragile Under 21	473.17	468.37	7/1/2011

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:

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

Changes:

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

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 001281-00
Date: 6/24/2011
Fiscal Year End: 11/30/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.20**	**226.52**	**7/1/2011**
	Level H: AIDS	380.06	372.72	7/1/2011
	Level U: Fragile Under 21	496.31	490.05	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 05/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Cross Terrace Rehabilitation Center
1351 San Christopher Drive
Dunedin FL 34698

Provider Number: 0 001300-00
Date: 6/24/2011
Fiscal Year End: 6/30/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.94**	**205.25**	**7/1/2011**
	Level H: AIDS	357.80	351.45	7/1/2011
	Level U: Fragile Under 21	474.05	468.78	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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No Change in Rate

Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Florida Baptist Retirement Center
1006 33rd St.
Vero Beach FL 32960

Provider Number: 0 001416-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.32**	**210.32**	**7/1/2011**
	Level H: AIDS	365.18	356.52	7/1/2011
	Level U: Fragile Under 21	481.43	473.85	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/30/2008

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Village Place Health and Rehab Center
2370 Harbor Blvd.
Port Charlotte FL 33952

Provider Number: 0 002400-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.85**	**229.67**	**7/1/2011**
	Level H: AIDS	383.71	375.87	7/1/2011
	Level U: Fragile Under 21	499.96	493.20	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/22/1987

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Medicaid Reimbursement Per Diem Rates

Trinity Regional Rehab Center
2144 Welbilt Boulevard
Trinity FL 34655

Provider Number: 0 003521-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.48**	**216.15**	**7/1/2011**
	Level H: AIDS	369.34	362.35	7/1/2011
	Level U: Fragile Under 21	485.59	479.68	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/25/2008

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Braden River Care Center
2010 Manatee Avenue
Bradenton FL 34208

Provider Number: 0 005021-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.90**	**190.00**	**7/1/2011**
	Level H: AIDS	336.76	336.20	7/1/2011
	Level U: Fragile Under 21	453.01	453.53	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1994

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005219-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.21**	**209.55**	**7/1/2011**
	Level H: AIDS	375.07	355.75	7/1/2011
	Level U: Fragile Under 21	491.32	473.08	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/28/1991

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Debary Manor
60 N. Highway 17-92
Debary FL 32713

Provider Number: 0 005372-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.49**	**198.22**	**7/1/2011**
	Level H: AIDS	350.35	344.42	7/1/2011
	Level U: Fragile Under 21	466.60	461.75	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1998

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Flagler Pines
300 South Lemon Street
Bunnell FL 32110

Provider Number: 0 005374-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.57**	**208.19**	**7/1/2011**
	Level H: AIDS	360.43	354.39	7/1/2011
	Level U: Fragile Under 21	476.68	471.72	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/2004

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Longwood Health Care Center
1520 South Grant Street
Longwood FL 32750

Provider Number: 0 005379-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.91**	**201.79**	**7/1/2011**
	Level H: AIDS	353.77	347.99	7/1/2011
	Level U: Fragile Under 21	470.02	465.32	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/29/1998

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005380-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.27**	**226.23**	**7/1/2011**
	Level H: AIDS	380.13	372.43	7/1/2011
	Level U: Fragile Under 21	496.38	489.76	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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No Change in Rate

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Pensacola Fl 32502

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Medicaid Reimbursement Per Diem Rates

Brynwood Center
1656 South Jefferson Street
Monticello FL 32344

Provider Number: 0 005381-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.64**	**211.90**	**7/1/2011**
	Level H: AIDS	364.50	358.10	7/1/2011
	Level U: Fragile Under 21	480.75	475.43	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2002

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005383-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.10**	**200.11**	**7/1/2011**
	Level H: AIDS	351.96	346.31	7/1/2011
	Level U: Fragile Under 21	468.21	463.64	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/07/1991

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005384-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.06**	**216.89**	**7/1/2011**
	Level H: AIDS	369.92	363.09	7/1/2011
	Level U: Fragile Under 21	486.17	480.42	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1992

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005385-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.00**	**207.58**	**7/1/2011**
	Level H: AIDS	359.86	353.78	7/1/2011
	Level U: Fragile Under 21	476.11	471.11	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/2004

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Riverchase Care Center
1017 Strong Road
Quincy FL 32351

Provider Number: 0 005386-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.16**	**200.57**	**7/1/2011**
	Level H: AIDS	352.02	346.77	7/1/2011
	Level U: Fragile Under 21	468.27	464.10	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005387-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.90**	**213.80**	**7/1/2011**
	Level H: AIDS	366.76	360.00	7/1/2011
	Level U: Fragile Under 21	483.01	477.33	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1988

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Medicaid Reimbursement Per Diem Rates

Berkshire Manor
1255 NE 135th Street
North Miami FL 33161

Provider Number: 0 005388-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.90**	**228.24**	**7/1/2011**
	Level H: AIDS	381.76	374.44	7/1/2011
	Level U: Fragile Under 21	498.01	491.77	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

Carnegie Gardens Nursing Center
1415 South Hickory Street
Melbourne FL 32901

Provider Number: 0 005519-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.50**	**213.81**	**7/1/2011**
	Level H: AIDS	366.36	360.01	7/1/2011
	Level U: Fragile Under 21	482.61	477.34	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005523-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.69**	**205.47**	**7/1/2011**
	Level H: AIDS	357.55	351.67	7/1/2011
	Level U: Fragile Under 21	473.80	469.00	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1998

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Medicaid Reimbursement Per Diem Rates

North Campus Rehabilitation and Health Center
700 N Palmetto Street
Leesburg FL 34748

Provider Number: 0 005524-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.42**	**218.61**	**7/1/2011**
	Level H: AIDS	370.28	364.81	7/1/2011
	Level U: Fragile Under 21	486.53	482.14	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/11/1988

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Medicaid Reimbursement Per Diem Rates

Manor on the Green
324 Wilder Boulevard
Daytona Beach FL 32114

Provider Number: 0 005543-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.64**	**220.87**	**7/1/2011**
	Level H: AIDS	373.50	367.07	7/1/2011
	Level U: Fragile Under 21	489.75	484.40	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/19/2004

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Medicaid Reimbursement Per Diem Rates

Oakwood Garden of Deland
451 South Amelia Avenue
Deland FL 32724

Provider Number: 0 005547-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.39**	**208.82**	**7/1/2011**
	Level H: AIDS	361.25	355.02	7/1/2011
	Level U: Fragile Under 21	477.50	472.35	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Oaks Of Kissimmee
320 North Mitchell Avenue
Kissimmee FL 34741

Provider Number: 0 005549-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.22**	**216.51**	**7/1/2011**
	Level H: AIDS	369.08	362.71	7/1/2011
	Level U: Fragile Under 21	485.33	480.04	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/2004

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Medicaid Reimbursement Per Diem Rates

Avante at Ocala
2021 Southwest 1st Avenue
Ocala FL 34474

Provider Number: 0 005701-00
Date: 6/24/2011
Fiscal Year End: 11/14/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.05**	**198.18**	**7/1/2011**
	Level H: AIDS	350.91	344.38	7/1/2011
	Level U: Fragile Under 21	467.16	461.71	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 04/01/1992

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005811-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.35**	**203.96**	**7/1/2011**
	Level H: AIDS	369.21	350.16	7/1/2011
	Level U: Fragile Under 21	485.46	467.49	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/26/1986

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005814-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.18**	**224.27**	**7/1/2011**
	Level H: AIDS	378.04	370.47	7/1/2011
	Level U: Fragile Under 21	494.29	487.80	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/14/1999

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 005826-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.42**	**202.04**	**7/1/2011**
	Level H: AIDS	356.28	348.24	7/1/2011
	Level U: Fragile Under 21	472.53	465.57	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1991

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Medicaid Reimbursement Per Diem Rates

Glen Oaks Health Care Center
1100 Pine Street
Clearwater FL 33756

Provider Number: 0 005849-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**244.07**	**235.05**	**7/1/2011**
	Level H: AIDS	388.93	381.25	7/1/2011
	Level U: Fragile Under 21	505.18	498.58	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change
On FRV [2] as of 02/06/1989

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Medicaid Reimbursement Per Diem Rates

Heritage Park
37135 Coleman Avenue
Dade City FL 33525

Provider Number: 0 005850-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.99**	**211.80**	**7/1/2011**
	Level H: AIDS	364.85	358.00	7/1/2011
	Level U: Fragile Under 21	481.10	475.33	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1997

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Medicaid Reimbursement Per Diem Rates

Lake Eustis Care Center
411 W. Woodward Avenue
Eustis FL 32726

Provider Number: 0 005851-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.34**	**213.92**	**7/1/2011**
	Level H: AIDS	367.20	360.12	7/1/2011
	Level U: Fragile Under 21	483.45	477.45	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1998

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 006339-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.03**	**205.50**	**7/1/2011**
	Level H: AIDS	357.89	351.70	7/1/2011
	Level U: Fragile Under 21	474.14	469.03	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Windsor Manor
602 East Laura Street
Starke FL 32091

Provider Number: 0 006340-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.81**	**209.74**	**7/1/2011**
	Level H: AIDS	362.67	355.94	7/1/2011
	Level U: Fragile Under 21	478.92	473.27	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/02/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 006408-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.75**	**213.99**	**7/1/2011**
	Level H: AIDS	377.61	360.19	7/1/2011
	Level U: Fragile Under 21	493.86	477.52	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change
	Not on FRV [1]

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Salerno Bay Manor
4801 S.E. Cove Road
Stuart FL 34997

Provider Number: 0 006483-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.20**	**219.83**	**7/1/2011**
	Level H: AIDS	373.06	366.03	7/1/2011
	Level U: Fragile Under 21	489.31	483.36	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Royal Manor
600 Business Parkway
Royal Palm Beach FL 33411

Provider Number: 0 006489-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.54**	**226.03**	**7/1/2011**
	Level H: AIDS	379.40	372.23	7/1/2011
	Level U: Fragile Under 21	495.65	489.56	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Oakbrook of LaBelle
250 Broward Avenue
Labelle FL 33935

Provider Number: 0 006767-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.64**	**226.72**	**7/1/2011**
	Level H: AIDS	380.50	372.92	7/1/2011
	Level U: Fragile Under 21	496.75	490.25	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Crosswinds Health & Rehab Center
P.O. Box 445
Greenville FL 33231

Provider Number: 0 007012-00
Date: 6/24/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.45**	**223.67**	**7/1/2011**
	Level H: AIDS	375.31	369.87	7/1/2011
	Level U: Fragile Under 21	491.56	487.20	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell
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Stephen Russell

Home Office:

V6.98.1.2:4FLDV Report Calculated: 6/23/2011 Report Printed: 6/24/2011 Book:0 ID:64258007012201107012011062315320 9

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 007014-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.40**	**214.80**	**7/1/2011**
	Level H: AIDS	368.26	361.00	7/1/2011
	Level U: Fragile Under 21	484.51	478.33	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 04/01/2009

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 008793-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.54**	**222.10**	**7/1/2011**
	Level H: AIDS	374.40	368.30	7/1/2011
	Level U: Fragile Under 21	490.65	485.63	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1987

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Courtyard Gardens Rehabilitation Center
17781 Thelma Ave
Jupiter FL 33458

Provider Number: 0 010082-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.60**	**212.55**	**7/1/2011**
	Level H: AIDS	364.46	358.75	7/1/2011
	Level U: Fragile Under 21	480.71	476.08	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/08/1996

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Heartland Health Care and Rehabilitation Center -
5401 Sawyer Road
Sarasota FL 34233

Provider Number: 0 010453-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.06**	**201.76**	**7/1/2011**
	Level H: AIDS	355.92	347.96	7/1/2011
	Level U: Fragile Under 21	472.17	465.29	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 07/10/2009

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Heartland Health & Rehab of Boca Raton
7225 Boca Del Mar Drive
Boca Raton FL 33433

Provider Number: 0 011997-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.42**	**200.82**	**7/1/2011**
	Level H: AIDS	354.28	347.02	7/1/2011
	Level U: Fragile Under 21	470.53	464.35	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

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

X Rate Semester Change
On FRV [2] as of 08/05/2009

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Royal Palm Healthcare & Rehabilitation Center
2180 10th Avenue
Vero Beach FL 32960

Provider Number: 0 011998-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.96**	**205.84**	**7/1/2011**
	Level H: AIDS	358.82	352.04	7/1/2011
	Level U: Fragile Under 21	475.07	469.37	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/07/2009

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Gulf Shore Rehab & Nursing
6767 86th Avenue North
Pinellas Park FL 33782

Provider Number: 0 014169-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.35**	**220.66**	**7/1/2011**
	Level H: AIDS	374.21	366.86	7/1/2011
	Level U: Fragile Under 21	490.46	484.19	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/06/1998

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

St. James Health And Rehabilitation Center
239 Crooked River Road
Carrabelle FL 32322

Provider Number: 0 015613-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.93**	**228.22**	**7/1/2011**
	Level H: AIDS	380.79	374.42	7/1/2011
	Level U: Fragile Under 21	497.04	491.75	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/26/2009

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Whitehall Boca Raton
7300 Del Prado
Boca Raton FL 33433

Provider Number: 0 016016-00
Date: 6/24/2011
Fiscal Year End: 10/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.33**	**215.21**	**7/1/2011**
	Level H: AIDS	369.19	361.41	7/1/2011
	Level U: Fragile Under 21	485.44	478.74	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 12/01/2009

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Bayside Manor
4343 Langley Avenue
Pensacola FL 32504-8511

Provider Number: 0 017221-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.90**	**187.26**	**7/1/2011**
	Level H: AIDS	340.76	333.46	7/1/2011
	Level U: Fragile Under 21	457.01	450.79	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 05/01/1992

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Medicaid Reimbursement Per Diem Rates

Margate Health Care Center
5951 Colonial Drive
Margate FL 33063

Provider Number: 0 017222-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.11**	**205.62**	**7/1/2011**
	Level H: AIDS	359.97	351.82	7/1/2011
	Level U: Fragile Under 21	476.22	469.15	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 02/01/2005

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Rosewood Manor
3107 North H Street
Pensacola FL 32501

Provider Number: 0 017223-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.04**	**190.58**	**7/1/2011**
	Level H: AIDS	343.90	336.78	7/1/2011
	Level U: Fragile Under 21	460.15	454.11	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bay Breeze Nursing & Retirement Center
3387 Gulf Breeze Parkway
Gulf Breeze FL 32563

Provider Number: 0 017225-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.58**	**207.03**	**7/1/2011**
	Level H: AIDS	361.44	353.23	7/1/2011
	Level U: Fragile Under 21	477.69	470.56	7/1/2011

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 Component
	Prior Provider Prospective data		

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/30/1994

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Pensacola FL 32502

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Silvercrest Manor
910 Brookmeade Drive
Crestview FL 32539

Provider Number: 0 017230-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.23**	**201.63**	**7/1/2011**
	Level H: AIDS	356.09	347.83	7/1/2011
	Level U: Fragile Under 21	472.34	465.16	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 08/01/1988

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

V6.98.1.2:4FLDV Report Calculated: 6/23/2011 Report Printed: 6/24/2011 Book:0 ID:64258017230201107012011062315331 7

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Medicaid Reimbursement Per Diem Rates

Specialty Center of Pensacola
6984 Pine Forest Road
Pensacola FL 32526

Provider Number: 0 017236-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.51**	**206.74**	**7/1/2011**
	Level H: AIDS	361.37	352.94	7/1/2011
	Level U: Fragile Under 21	477.62	470.27	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 12/16/1991

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Health Care Center of Destin
138 Sandestin Lane
Destin FL 32550

Provider Number: 0 017242-00
Date: 6/24/2011
Fiscal Year End: 10/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.44**	**209.60**	**7/1/2011**
	Level H: AIDS	364.30	355.80	7/1/2011
	Level U: Fragile Under 21	480.55	473.13	7/1/2011

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 Component
	Prior Provider Prospective data		

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/24/1988

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Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake Bennett Health and Rehabilitation
1901 Kelton Avenue
Ocoee FL 34761

Provider Number: 0 017301-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.37**	**216.70**	**7/1/2011**
	Level H: AIDS	369.23	362.90	7/1/2011
	Level U: Fragile Under 21	485.48	480.23	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/08/1997

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Park Summit at Coral Springs
8500 Royal Palm Blvd.
Coral Springs FL 33065

Provider Number: 0 018066-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.62**	**210.10**	**7/1/2011**
	Level H: AIDS	365.48	356.30	7/1/2011
	Level U: Fragile Under 21	481.73	473.63	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1986

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Bay Village of Sarasota
8400 Vamo Road
Sarasota FL 34231-7899

Provider Number: 0 018777-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.83**	**213.29**	**7/1/2011**
	Level H: AIDS	370.69	359.49	7/1/2011
	Level U: Fragile Under 21	486.94	476.82	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 02/22/2010

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Golfview Healthcare Center
3636 10th Avenue North
St. Petersburg FL 33713

Provider Number: 0 019085-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.68**	**215.35**	**7/1/2011**
	Level H: AIDS	367.54	361.55	7/1/2011
	Level U: Fragile Under 21	483.79	478.88	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/15/1986

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Stephen Russell
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Louisville KY 40299

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Southern Pines Healthcare Center
6140 Congress Street
New Port Richey FL 34653

Provider Number: 0 019282-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.98**	**195.93**	**7/1/2011**
	Level H: AIDS	346.84	342.13	7/1/2011
	Level U: Fragile Under 21	463.09	459.46	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1987

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Louisville KY 40299

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Cedar Hills Healthcare Center
2061 Hyde Park Rd
Jacksonville FL 32210

Provider Number: 0 019284-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.23**	**195.71**	**7/1/2011**
	Level H: AIDS	347.09	341.91	7/1/2011
	Level U: Fragile Under 21	463.34	459.24	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1993

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Golfcrest Healthcare Center
600 North 17th Avenue
Hollywood FL 33020

Provider Number: 0 019287-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.23**	**204.86**	**7/1/2011**
	Level H: AIDS	357.09	351.06	7/1/2011
	Level U: Fragile Under 21	473.34	468.39	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/2003

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coastal Health & Rehab Center
820 North Clyde Morris Blvd.
Daytona Beach FL 32117

Provider Number: 0 021261-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.87**	**199.74**	**7/1/2011**
	Level H: AIDS	352.73	345.94	7/1/2011
	Level U: Fragile Under 21	468.98	463.27	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 07/19/2004

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Carlton Shores Health and Rehabilitation Center
1350 South Nova Road
Daytona Beach FL 32114

Provider Number: 0 022138-00
Date: 6/24/2011
Fiscal Year End: 4/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.19**	**223.40**	**7/1/2011**
	Level H: AIDS	376.05	369.60	7/1/2011
	Level U: Fragile Under 21	492.30	486.93	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 07/01/1987

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

San Marco Terrace Rehabilitation and Care
189 San Marco Avenue
St. Augustine FL 32084

Provider Number: 0 022293-00
Date: 6/24/2011
Fiscal Year End: 5/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.83**	**205.40**	**7/1/2011**
	Level H: AIDS	357.69	351.60	7/1/2011
	Level U: Fragile Under 21	473.94	468.93	7/1/2011

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 Component
	Prior Provider Prospective data		

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 09/01/1987

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 022994-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.35**	**204.22**	**7/1/2011**
	Level H: AIDS	357.21	350.42	7/1/2011
	Level U: Fragile Under 21	473.46	467.75	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

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

Distribution:

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- For information Only
- No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Okeechobee Health Care Facility
1646 Highway 441 North
Okeechobee FL 34972

Provider Number: 0 023067-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.47**	**227.74**	**7/1/2011**
	Level H: AIDS	381.33	373.94	7/1/2011
	Level U: Fragile Under 21	497.58	491.27	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/2005

Distribution:

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No Change in Rate

Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Astoria Health & Rehabilitation Center
701 Overlook Drive
Winter Haven FL 33844

Provider Number: 0 023255-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.11**	**233.65**	**7/1/2011**
	Level H: AIDS	387.97	379.85	7/1/2011
	Level U: Fragile Under 21	504.22	497.18	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 06/03/2010

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: TLC Management
1800 North Wabash Ave
Marion IN 46952

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Key West Convalescent Center
5860 W. Junior College Road
Key West FL 33040

Provider Number: 0 024167-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.30**	**184.40**	**7/1/2011**
	Level H: AIDS	336.16	330.60	7/1/2011
	Level U: Fragile Under 21	452.41	447.93	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 08/12/2010

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

West Broward Rehabilitation and Healthcare
7751 W. Broward Blvd.
Plantation FL 33324

Provider Number: 0 026536-00
Date: 6/24/2011
Fiscal Year End: 6/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.99**	**227.87**	**7/1/2011**
	Level H: AIDS	382.85	374.07	7/1/2011
	Level U: Fragile Under 21	499.10	491.40	7/1/2011

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 Component
	Prior Provider Prospective data		

Basis:

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

Changes:

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

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Wuesthoff Progressive Care Center
8050 Spyglass Rd
Viera FL 32940

Provider Number: 0 028602-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.46**	**204.15**	**7/1/2011**
	Level H: AIDS	358.32	350.35	7/1/2011
	Level U: Fragile Under 21	474.57	467.68	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 05/30/1995

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

The Health Center Of Windermere
4875 Cason Cove Drive
Orlando FL 32811

Provider Number: 0 030479-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.46**	**213.44**	**7/1/2011**
	Level H: AIDS	367.32	359.64	7/1/2011
	Level U: Fragile Under 21	483.57	476.97	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 05/20/1997

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Health Center of Plant City
701 North Wilder Road
Plant City FL 33566

Provider Number: 0 030484-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.36**	**220.06**	**7/1/2011**
	Level H: AIDS	373.22	366.26	7/1/2011
	Level U: Fragile Under 21	489.47	483.59	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 10/01/2000

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

The Health Center of Pensacola
8475 University Pkwy
Pensacola FL 32514

Provider Number: 0 030487-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.96**	**211.13**	**7/1/2011**
	Level H: AIDS	365.82	357.33	7/1/2011
	Level U: Fragile Under 21	482.07	474.66	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 05/28/1987

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Parkway Health & Rehab
800 SE Central Pkwy
Stuart FL 34994

Provider Number: 0 030490-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.95**	**216.24**	**7/1/2011**
	Level H: AIDS	370.81	362.44	7/1/2011
	Level U: Fragile Under 21	487.06	479.77	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 03/22/1990

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Health Center of Merritt Island
500 Crockett Boulevard
Merritt Island FL 32953

Provider Number: 0 030491-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.82**	**215.83**	**7/1/2011**
	Level H: AIDS	370.68	362.03	7/1/2011
	Level U: Fragile Under 21	486.93	479.36	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 08/01/1990

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Health Center of Lake City
560 S.W. McFarlane Ave.
Lake City FL 32025

Provider Number: 0 030527-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.58**	**208.58**	**7/1/2011**
	Level H: AIDS	363.44	354.78	7/1/2011
	Level U: Fragile Under 21	479.69	472.11	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 05/01/1999

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Imperial Health Care Center
900 Imperial Golf Course
Naples FL 34110

Provider Number: 0 030530-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.96**	**224.26**	**7/1/2011**
	Level H: AIDS	377.82	370.46	7/1/2011
	Level U: Fragile Under 21	494.07	487.79	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 06/01/1991

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Health Center of Daytona Beach
550 National Healthcare Drive
Daytona Beach FL 32114

Provider Number: 0 030535-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.19**	**215.74**	**7/1/2011**
	Level H: AIDS	369.05	361.94	7/1/2011
	Level U: Fragile Under 21	485.30	479.27	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 07/11/1996

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Health Center of Coconut Creek
4125 W. Sample Road
Coconut Creek FL 33073

Provider Number: 0 030537-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.18**	**226.12**	**7/1/2011**
	Level H: AIDS	381.04	372.32	7/1/2011
	Level U: Fragile Under 21	497.29	489.65	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 12/09/1997

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Charlotte Harbor Health Care
4000 Kings Highway
Port Charlotte FL 33980

Provider Number: 0 030540-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.12**	**224.31**	**7/1/2011**
	Level H: AIDS	378.98	370.51	7/1/2011
	Level U: Fragile Under 21	495.23	487.84	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 06/02/1994

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- [ ] No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Bayonet Point Health & Rehabilitation Center
7210 Beacon Woods Drive
Hudson FL 34667

Provider Number: 0 030546-00
Date: 6/24/2011
Fiscal Year End: 9/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.69**	**216.28**	**7/1/2011**
	Level H: AIDS	371.55	362.48	7/1/2011
	Level U: Fragile Under 21	487.80	479.81	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 10/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Aristocrat
10949 Parnu Street
Naples FL 34109

Provider Number: 0 030552-00
Date: 6/24/2011
Fiscal Year End: 12/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**261.94**	**249.26**	**7/1/2011**
	Level H: AIDS	406.80	395.46	7/1/2011
	Level U: Fragile Under 21	523.05	512.79	7/1/2011

Rate Type :

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

Basis:

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

Changes:

- [ ] Licensure Rating Change
- [ ] Usual and Customary Limitation
- [ ] Target Rate limitation change
- [ ] FRVS Change
- [X] Rate Semester Change On FRV [2] as of 06/09/1994

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Seven Hills Health and Rehabilitation Center
3333 Capital Medical Blvd.
Tallahassee FL 32308

Provider Number: 0 033175-00
Date: 6/24/2011
Fiscal Year End: 11/30/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.89**	**207.73**	**7/1/2011**
	Level H: AIDS	361.75	353.93	7/1/2011
	Level U: Fragile Under 21	478.00	471.26	7/1/2011

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 Component
	Prior Provider Prospective data		

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

Distribution:

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Benderson Family Skilled Nuring & Rehab Center
1955 North Honore Ave.
Sarasota FL 34235

Provider Number: 0 033717-00
Date: 6/24/2011
Fiscal Year End: 10/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.65**	**233.71**	**7/1/2011**
	Level H: AIDS	388.51	379.91	7/1/2011
	Level U: Fragile Under 21	504.76	497.24	7/1/2011

Rate Type :

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

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

Basis:

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

Changes:

- Licensure Rating Change
- Usual and Customary Limitation
- Target Rate limitation change
- FRVS Change
- X Rate Semester Change On FRV [2] as of 03/22/2011

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 200107-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.05**	**212.42**	**7/1/2011**
	Level H: AIDS	365.91	358.62	7/1/2011
	Level U: Fragile Under 21	482.16	475.95	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Westminster Oaks
4449 Meandering Way
Tallahassee FL 32308

Provider Number: 0 200409-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.00**	**185.88**	**7/1/2011**
	Level H: AIDS	339.86	332.08	7/1/2011
	Level U: Fragile Under 21	456.11	449.41	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/21/1988

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: Westminster Services
80 West Lucerne Circle
Orlando FL 32801

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 200425-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.82**	**216.73**	**7/1/2011**
	Level H: AIDS	374.68	362.93	7/1/2011
	Level U: Fragile Under 21	490.93	480.26	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1997

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Miami Jewish Health Systems
5200 N.E. 2nd Avenue
Miami FL 33137

Provider Number: 0 200506-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.24**	**218.98**	**7/1/2011**
	Level H: AIDS	374.10	365.18	7/1/2011
	Level U: Fragile Under 21	490.35	482.51	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 200620-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**244.13**	**234.29**	**7/1/2011**
	Level H: AIDS	388.99	380.49	7/1/2011
	Level U: Fragile Under 21	505.24	497.82	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

All Saints Catholic Nursing Home & R.C. Inc.
5888 Blanding Boulevard
Jacksonville FL 32244

Provider Number: 0 200735-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.23**	**206.23**	**7/1/2011**
	Level H: AIDS	357.09	352.43	7/1/2011
	Level U: Fragile Under 21	473.34	469.76	7/1/2011

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:

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

Changes:

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

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_____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 200859-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.08**	**223.19**	**7/1/2011**
	Level H: AIDS	376.94	369.39	7/1/2011
	Level U: Fragile Under 21	493.19	486.72	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

3

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 200913-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.25**	**213.95**	**7/1/2011**
	Level H: AIDS	367.11	360.15	7/1/2011
	Level U: Fragile Under 21	483.36	477.48	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COMPREHENSIVE HEALTHCARE OF CLEARWAT
2055 PALMETTO STREET
Clearwater FL 34625

Provider Number: 0 200956-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.15**	**231.17**	**7/1/2011**
	Level H: AIDS	383.01	377.37	7/1/2011
	Level U: Fragile Under 21	499.26	494.70	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1996

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

3

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201006-00
Date: 6/24/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.65**	**211.87**	**7/1/2011**
	Level H: AIDS	382.51	358.07	7/1/2011
	Level U: Fragile Under 21	498.76	475.40	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/14/1989

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201120-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.84**	**204.56**	**7/1/2011**
	Level H: AIDS	351.70	350.76	7/1/2011
	Level U: Fragile Under 21	467.95	468.09	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/28/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201545-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.13**	**209.43**	**7/1/2011**
	Level H: AIDS	361.99	355.63	7/1/2011
	Level U: Fragile Under 21	478.24	472.96	7/1/2011

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:

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

Changes:

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

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201588-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.11**	**185.67**	**7/1/2011**
	Level H: AIDS	338.97	331.87	7/1/2011
	Level U: Fragile Under 21	455.22	449.20	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 201651-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.61**	**212.19**	**7/1/2011**
	Level H: AIDS	364.47	358.39	7/1/2011
	Level U: Fragile Under 21	480.72	475.72	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 202011-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.15**	**210.20**	**7/1/2011**
	Level H: AIDS	363.01	356.40	7/1/2011
	Level U: Fragile Under 21	479.26	473.73	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: The Goodman Group, LLC
1107 Hazeltine Blvd
Chaska MN 55318

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Rohr Home
2120 Marshall Edwards Drive
Bartow FL 33830

Provider Number: 0 202533-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.22**	**232.16**	**7/1/2011**
	Level H: AIDS	381.08	378.36	7/1/2011
	Level U: Fragile Under 21	497.33	495.69	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 202606-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.22**	**213.12**	**7/1/2011**
	Level H: AIDS	366.08	359.32	7/1/2011
	Level U: Fragile Under 21	482.33	476.65	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 202681-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.00**	**225.34**	**7/1/2011**
	Level H: AIDS	377.86	371.54	7/1/2011
	Level U: Fragile Under 21	494.11	488.87	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Pines of Sarasota
1501 North Orange Avenue
Sarasota FL 34236

Provider Number: 0 202703-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.19**	**239.15**	**7/1/2011**
	Level H: AIDS	393.05	385.35	7/1/2011
	Level U: Fragile Under 21	509.30	502.68	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME
5201 BAHIA VISTA ST
Sarasota FL 34232

Provider Number: 0 202711-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**258.15**	**247.51**	**7/1/2011**
	Level H: AIDS	403.01	393.71	7/1/2011
	Level U: Fragile Under 21	519.26	511.04	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office:
Sunnyside Properties Of Sarasota
Roy Sharp
5201 Bahia Vista Street
Sarasota FL 34232

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Medicaid Reimbursement Per Diem Rates

Alliance Nursing Center
130 West Armstrong Avenue
Deland FL 32720

Provider Number: 0 202789-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**180.25**	**172.03**	**7/1/2011**
	Level H: AIDS	325.11	318.23	7/1/2011
	Level U: Fragile Under 21	441.36	435.56	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Miracle Hill Nursing and Rehabilitation Center, In
1329 ABRAHAM ST.
Tallahassee FL 32304

Provider Number: 0 202941-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.50**	**193.65**	**7/1/2011**
	Level H: AIDS	351.36	339.85	7/1/2011
	Level U: Fragile Under 21	467.61	457.18	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEESBURG
2000 Edgewood Avenue
Leesburg FL 34748

Provider Number: 0 203122-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.04**	**219.14**	**7/1/2011**
	Level H: AIDS	372.90	365.34	7/1/2011
	Level U: Fragile Under 21	489.15	482.67	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
Avante Group, Inc.
Janan Mitchell
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Hollywood FL 33021-6744

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203165-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.38**	**232.18**	**7/1/2011**
	Level H: AIDS	385.24	378.38	7/1/2011
	Level U: Fragile Under 21	501.49	495.71	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203203-00
Date: 6/24/2011
Fiscal Year End: 2/28/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.96**	**216.83**	**7/1/2011**
	Level H: AIDS	359.82	363.03	7/1/2011
	Level U: Fragile Under 21	476.07	480.36	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change Not on FRV [1]

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203220-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.13**	**212.65**	**7/1/2011**
	Level H: AIDS	364.99	358.85	7/1/2011
	Level U: Fragile Under 21	481.24	476.18	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Janan Mitchell
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Hollywood FL 33021-6744

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203238-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.62**	**237.69**	**7/1/2011**
	Level H: AIDS	391.48	383.89	7/1/2011
	Level U: Fragile Under 21	507.73	501.22	7/1/2011

Rate Type :

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

Basis:

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

Changes:

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

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:
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Janan Mitchell
4000 Hollywood Blvd, Suite 540-N
Hollywood FL 33021-6744

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203327-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.11**	**211.46**	**7/1/2011**
	Level H: AIDS	367.97	357.66	7/1/2011
	Level U: Fragile Under 21	484.22	474.99	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/18/1991

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203335-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.94**	**209.16**	**7/1/2011**
	Level H: AIDS	358.80	355.36	7/1/2011
	Level U: Fragile Under 21	475.05	472.69	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1991

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Medicaid Reimbursement Per Diem Rates

Marianna Health & Rehabilitation
4295 5th Avenue
Marianna FL 32447

Provider Number: 0 203475-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.82**	**199.43**	**7/1/2011**
	Level H: AIDS	346.68	345.63	7/1/2011
	Level U: Fragile Under 21	462.93	462.96	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203599-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.06**	**204.61**	**7/1/2011**
	Level H: AIDS	359.92	350.81	7/1/2011
	Level U: Fragile Under 21	476.17	468.14	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1991

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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Perdue Medical Center
19590 Old Cutler Road
Miami FL 33157

Provider Number: 0 203670-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.02**	**215.79**	**7/1/2011**
	Level H: AIDS	389.88	361.99	7/1/2011
	Level U: Fragile Under 21	506.13	479.32	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203769-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.17**	**211.49**	**7/1/2011**
	Level H: AIDS	367.03	357.69	7/1/2011
	Level U: Fragile Under 21	483.28	475.02	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Westminster Asbury Towers
1533 4th Avenue West
Bradenton FL 34205

Provider Number: 0 203815-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.64**	**195.05**	**7/1/2011**
	Level H: AIDS	349.50	341.25	7/1/2011
	Level U: Fragile Under 21	465.75	458.58	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: Westminster Services
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Orlando FL 32801

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Oak Bluffs Health Center
420 Bay Avenue
Clearwater FL 34616

Provider Number: 0 203823-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.26**	**195.70**	**7/1/2011**
	Level H: AIDS	347.12	341.90	7/1/2011
	Level U: Fragile Under 21	463.37	459.23	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 203980-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**180.24**	**171.83**	**7/1/2011**
	Level H: AIDS	325.10	318.03	7/1/2011
	Level U: Fragile Under 21	441.35	435.36	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/08/1991

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Mease Continuing Care
910 New York Avenue
Dunedin FL 34698

Provider Number: 0 204072-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.43**	**207.84**	**7/1/2011**
	Level H: AIDS	362.29	354.04	7/1/2011
	Level U: Fragile Under 21	478.54	471.37	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/07/1992

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 204161-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.86**	**214.61**	**7/1/2011**
	Level H: AIDS	387.72	360.81	7/1/2011
	Level U: Fragile Under 21	503.97	478.14	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 204170-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.73**	**228.41**	**7/1/2011**
	Level H: AIDS	382.59	374.61	7/1/2011
	Level U: Fragile Under 21	498.84	491.94	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1994

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Olds Hall Good Samaritan
327 Orange Avenue
Daytona Beach FL 32114

Provider Number: 0 204391-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.31**	**210.42**	**7/1/2011**
	Level H: AIDS	362.17	356.62	7/1/2011
	Level U: Fragile Under 21	478.42	473.95	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TAYLOR HOME FOR THE AGED, INC.
3937 Spring Park Road
Jacksonville FL 32207

Provider Number: 0 204536-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.73**	**205.41**	**7/1/2011**
	Level H: AIDS	348.59	351.61	7/1/2011
	Level U: Fragile Under 21	464.84	468.94	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 204625-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.41**	**177.48**	**7/1/2011**
	Level H: AIDS	331.27	323.68	7/1/2011
	Level U: Fragile Under 21	447.52	441.01	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/18/1992

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Health Central Park
411 North Dillard Street
Winter Garden FL 34787

Provider Number: 0 204811-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.28**	**210.68**	**7/1/2011**
	Level H: AIDS	365.14	356.88	7/1/2011
	Level U: Fragile Under 21	481.39	474.21	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

St. Catherine Laboure Manor
1750 Stockton Street
Jacksonville FL 32204

Provider Number: 0 205150-00
Date: 6/24/2011
Fiscal Year End: 6/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.08**	**214.21**	**7/1/2011**
	Level H: AIDS	366.94	360.41	7/1/2011
	Level U: Fragile Under 21	483.19	477.74	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1993

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN
1550 Aldersgate Drive
Kissimmee FL 34746

Provider Number: 0 205303-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.85**	**197.51**	**7/1/2011**
	Level H: AIDS	348.71	343.71	7/1/2011
	Level U: Fragile Under 21	464.96	461.04	7/1/2011

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:

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

Changes:

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

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

American Finnish Nursing Home
1800 South Drive
Lake Worth FL 33461

Provider Number: 0 205460-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.04**	**218.16**	**7/1/2011**
	Level H: AIDS	377.90	364.36	7/1/2011
	Level U: Fragile Under 21	494.15	481.69	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 205745-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.24**	**215.47**	**7/1/2011**
	Level H: AIDS	371.10	361.67	7/1/2011
	Level U: Fragile Under 21	487.35	479.00	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Commons at Orlando Lutheran Towers
300 East Church Street
Orlando FL 32801

Provider Number: 0 205796-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.08**	**194.70**	**7/1/2011**
	Level H: AIDS	348.94	340.90	7/1/2011
	Level U: Fragile Under 21	465.19	458.23	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 205800-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.65**	**232.98**	**7/1/2011**
	Level H: AIDS	384.51	379.18	7/1/2011
	Level U: Fragile Under 21	500.76	496.51	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change Not on FRV [1]

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Medicaid Reimbursement Per Diem Rates

Lourdes-Noreen McKeen Residence
315 South Flagler Drive
West Palm Beach FL 33401

Provider Number: 0 205923-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.51**	**234.10**	**7/1/2011**
	Level H: AIDS	387.37	380.30	7/1/2011
	Level U: Fragile Under 21	503.62	497.63	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1993

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 206300-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.10**	**209.02**	**7/1/2011**
	Level H: AIDS	360.96	355.22	7/1/2011
	Level U: Fragile Under 21	477.21	472.55	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Morton Plant Rehabilitation Center
400 Corbett Street
Clearwater FL 33756

Provider Number: 0 206431-00
Date: 6/24/2011
Fiscal Year End: 12/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.43**	**211.92**	**7/1/2011**
	Level H: AIDS	366.29	358.12	7/1/2011
	Level U: Fragile Under 21	482.54	475.45	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 206521-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.39**	**220.29**	**7/1/2011**
	Level H: AIDS	376.25	366.49	7/1/2011
	Level U: Fragile Under 21	492.50	483.82	7/1/2011

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:

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

Changes:

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

Distribution:

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_____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Waterford
601 Universe Blvd.
Juno Beach FL 33408

Provider Number: 0 206610-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.44**	**239.95**	**7/1/2011**
	Level H: AIDS	398.30	386.15	7/1/2011
	Level U: Fragile Under 21	514.55	503.48	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Abbey Delray South
1717 Homewood Blvd.
Delray Beach FL 33445

Provider Number: 0 206865-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**250.12**	**236.84**	**7/1/2011**
	Level H: AIDS	394.98	383.04	7/1/2011
	Level U: Fragile Under 21	511.23	500.37	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Riverside Care Center
899 NW 4th Street
Miami FL 33128

Provider Number: 0 207276-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.53**	**215.72**	**7/1/2011**
	Level H: AIDS	368.39	361.92	7/1/2011
	Level U: Fragile Under 21	484.64	479.25	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change
	Not on FRV [1]

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Covington KY 41011

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 207381-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.62**	**218.49**	**7/1/2011**
	Level H: AIDS	373.48	364.69	7/1/2011
	Level U: Fragile Under 21	489.73	482.02	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 207446-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.26**	**215.56**	**7/1/2011**
	Level H: AIDS	368.12	361.76	7/1/2011
	Level U: Fragile Under 21	484.37	479.09	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 207497-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.55**	**222.36**	**7/1/2011**
	Level H: AIDS	375.41	368.56	7/1/2011
	Level U: Fragile Under 21	491.66	485.89	7/1/2011

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:

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

Changes:

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

Distribution:

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_____ No Change in Rate

Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 207527-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.87**	**193.17**	**7/1/2011**
	Level H: AIDS	351.73	339.37	7/1/2011
	Level U: Fragile Under 21	467.98	456.70	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Lakeside Health Center
2501 Australian Avenue
West Palm Beach FL 33407

Provider Number: 0 207683-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.06**	**209.46**	**7/1/2011**
	Level H: AIDS	361.92	355.66	7/1/2011
	Level U: Fragile Under 21	478.17	472.99	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 207799-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.86**	**219.48**	**7/1/2011**
	Level H: AIDS	372.72	365.68	7/1/2011
	Level U: Fragile Under 21	488.97	483.01	7/1/2011

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:

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

Changes:

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

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Eric Thomas
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Medicaid Reimbursement Per Diem Rates

Florida Club Care Center
220 Sierra Drive
Miami FL 33179

Provider Number: 0 207993-00
Date: 6/24/2011
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.45**	**239.91**	**7/1/2011**
	Level H: AIDS	393.31	386.11	7/1/2011
	Level U: Fragile Under 21	509.56	503.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1998

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Lenard Brown
1114 Wynwood Avenue
Cherry Hill NJ 08002

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 208442-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.66**	**227.92**	**7/1/2011**
	Level H: AIDS	381.52	374.12	7/1/2011
	Level U: Fragile Under 21	497.77	491.45	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 208485-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.88**	**218.39**	**7/1/2011**
	Level H: AIDS	377.74	364.59	7/1/2011
	Level U: Fragile Under 21	493.99	481.92	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Claridge House
13900 NE 3rd Court
North Miami FL 33161

Provider Number: 0 208507-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.05**	**197.93**	**7/1/2011**
	Level H: AIDS	351.91	344.13	7/1/2011
	Level U: Fragile Under 21	468.16	461.46	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/2002

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Westminster Towers
70 West Lucerne Circle
Orlando FL 32801

Provider Number: 0 208540-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.96**	**182.39**	**7/1/2011**
	Level H: AIDS	335.82	328.59	7/1/2011
	Level U: Fragile Under 21	452.07	445.92	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1999

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: Westminster Services
80 West Lucerne Circle
Orlando FL 32801

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Medicaid Reimbursement Per Diem Rates

Baptist Manor
10095 Hillview Road
Pensacola FL 32514

Provider Number: 0 208809-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.75**	**203.88**	**7/1/2011**
	Level H: AIDS	351.61	350.08	7/1/2011
	Level U: Fragile Under 21	467.86	467.41	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/2009

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209325-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.25**	**210.32**	**7/1/2011**
	Level H: AIDS	369.11	356.52	7/1/2011
	Level U: Fragile Under 21	485.36	473.85	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 12/01/1994

Distribution:

Contract Management / Fiscal Agent
Permanent File
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_____ No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Westminster Asbury Manor
1700 21st Avenue West
Bradenton FL 34205

Provider Number: 0 209422-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.51**	**200.28**	**7/1/2011**
	Level H: AIDS	354.37	346.48	7/1/2011
	Level U: Fragile Under 21	470.62	463.81	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/11/1987

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: Westminster Services
80 West Lucerne Circle
Orlando FL 32801

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209473-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.57**	**221.42**	**7/1/2011**
	Level H: AIDS	372.43	367.62	7/1/2011
	Level U: Fragile Under 21	488.68	484.95	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Lauderdale Lakes FL 33319

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209511-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.94**	**219.85**	**7/1/2011**
	Level H: AIDS	372.80	366.05	7/1/2011
	Level U: Fragile Under 21	489.05	483.38	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 12/01/1987

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_____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209848-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.26**	**180.79**	**7/1/2011**
	Level H: AIDS	334.12	326.99	7/1/2011
	Level U: Fragile Under 21	450.37	444.32	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 209856-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.35**	**208.43**	**7/1/2011**
	Level H: AIDS	361.21	354.63	7/1/2011
	Level U: Fragile Under 21	477.46	471.96	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1987

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Atlanta GA 30327

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210137-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.17**	**198.64**	**7/1/2011**
	Level H: AIDS	351.03	344.84	7/1/2011
	Level U: Fragile Under 21	467.28	462.17	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210188-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.56**	**225.18**	**7/1/2011**
	Level H: AIDS	381.42	371.38	7/1/2011
	Level U: Fragile Under 21	497.67	488.71	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/15/1988

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210285-00
Date: 6/24/2011
Fiscal Year End: 12/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.37**	**203.20**	**7/1/2011**
	Level H: AIDS	358.23	349.40	7/1/2011
	Level U: Fragile Under 21	474.48	466.73	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1987

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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

2

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Medicaid Reimbursement Per Diem Rates

Azalea Trace
10100 Hillview Road
Pensacola FL 32504

Provider Number: 0 210374-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.00**	**204.85**	**7/1/2011**
	Level H: AIDS	358.86	351.05	7/1/2011
	Level U: Fragile Under 21	475.11	468.38	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1988

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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375 Morris Road
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Village on the Isle
950 SOUTH TAMIAMI TRAIL
Venice FL 34285

Provider Number: 0 210463-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.37**	**230.68**	**7/1/2011**
	Level H: AIDS	387.23	376.88	7/1/2011
	Level U: Fragile Under 21	503.48	494.21	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/2009

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HealthPark Care Center
16131 Rose Rush Court
Ft. Myers FL 33908

Provider Number: 0 210587-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.59**	**223.91**	**7/1/2011**
	Level H: AIDS	374.45	370.11	7/1/2011
	Level U: Fragile Under 21	490.70	487.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/18/1992

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: Lee Memorial Health System
636 Del Prado Boulevard
Cape Coral FL 33990

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210617-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**241.40**	**232.51**	**7/1/2011**
	Level H: AIDS	386.26	378.71	7/1/2011
	Level U: Fragile Under 21	502.51	496.04	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/11/1992

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210676-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.16**	**225.43**	**7/1/2011**
	Level H: AIDS	379.02	371.63	7/1/2011
	Level U: Fragile Under 21	495.27	488.96	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change
On FRV [2] as of 04/01/1993

Distribution:

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_____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Janan Mitchell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210684-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.02**	**210.66**	**7/1/2011**
	Level H: AIDS	365.88	356.86	7/1/2011
	Level U: Fragile Under 21	482.13	474.19	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/03/1993

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210781-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.94**	**214.34**	**7/1/2011**
	Level H: AIDS	369.80	360.54	7/1/2011
	Level U: Fragile Under 21	486.05	477.87	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/18/1993

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Emory L. Bennett Memorial Veterans Nursing Home
1920 Mason Avenue
Daytona Beach FL 32117

Provider Number: 0 210889-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.82**	**215.66**	**7/1/2011**
	Level H: AIDS	364.68	361.86	7/1/2011
	Level U: Fragile Under 21	480.93	479.19	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210943-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.64**	**219.65**	**7/1/2011**
	Level H: AIDS	372.50	365.85	7/1/2011
	Level U: Fragile Under 21	488.75	483.18	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 210951-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.41**	**182.12**	**7/1/2011**
	Level H: AIDS	336.27	328.32	7/1/2011
	Level U: Fragile Under 21	452.52	445.65	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/18/1990

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211010-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.65**	**221.30**	**7/1/2011**
	Level H: AIDS	375.51	367.50	7/1/2011
	Level U: Fragile Under 21	491.76	484.83	7/1/2011

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:

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

Changes:

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

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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McLean VA 22102

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211052-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.76**	**228.43**	**7/1/2011**
	Level H: AIDS	379.62	374.63	7/1/2011
	Level U: Fragile Under 21	495.87	491.96	7/1/2011

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:

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

Changes:

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

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Huntington Place Care & Rehabilitation Center
1775 Huntington Lane
Rockledge FL 32955

Provider Number: 0 211281-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.21**	**176.63**	**7/1/2011**
	Level H: AIDS	341.07	322.83	7/1/2011
	Level U: Fragile Under 21	457.32	440.16	7/1/2011

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:

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

Changes:

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

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Hardee Manor Healthcare Center
401 Orange Place
Wauchula FL 33873

Provider Number: 0 211435-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.66**	**184.02**	**7/1/2011**
	Level H: AIDS	331.52	330.22	7/1/2011
	Level U: Fragile Under 21	447.77	447.55	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1989

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Brentwood TN 37027

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211516-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.52**	**195.91**	**7/1/2011**
	Level H: AIDS	348.38	342.11	7/1/2011
	Level U: Fragile Under 21	464.63	459.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1993

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211532-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.12**	**194.24**	**7/1/2011**
	Level H: AIDS	346.98	340.44	7/1/2011
	Level U: Fragile Under 21	463.23	457.77	7/1/2011

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:

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

Changes:

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

Distribution:

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Permanent File
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_ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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2727 Mahan Drive - Mail Stop 21
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Medicaid Reimbursement Per Diem Rates

Plaza West
912 American Eagle Blvd
Sun City Center FL 33573

Provider Number: 0 211885-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.50**	**196.17**	**7/1/2011**
	Level H: AIDS	347.36	342.37	7/1/2011
	Level U: Fragile Under 21	463.61	459.70	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/10/1994

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 211923-00
Date: 6/24/2011
Fiscal Year End: 8/31/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.49**	**181.60**	**7/1/2011**
	Level H: AIDS	332.35	327.80	7/1/2011
	Level U: Fragile Under 21	448.60	445.13	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212032-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.58**	**239.56**	**7/1/2011**
	Level H: AIDS	393.44	385.76	7/1/2011
	Level U: Fragile Under 21	509.69	503.09	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212083-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.28**	**191.33**	**7/1/2011**
	Level H: AIDS	345.14	337.53	7/1/2011
	Level U: Fragile Under 21	461.39	454.86	7/1/2011

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:

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

Changes:

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

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Homestead Manor
1330 NW First Avenue
Homestead FL 33030

Provider Number: 0 212121-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.98**	**189.32**	**7/1/2011**
	Level H: AIDS	343.84	335.52	7/1/2011
	Level U: Fragile Under 21	460.09	452.85	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change
	Not on FRV [1]

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212164-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.94**	**202.77**	**7/1/2011**
	Level H: AIDS	354.80	348.97	7/1/2011
	Level U: Fragile Under 21	471.05	466.30	7/1/2011

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:

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

Changes:

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

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee FL 32308

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212393-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.95**	**207.20**	**7/1/2011**
	Level H: AIDS	358.81	353.40	7/1/2011
	Level U: Fragile Under 21	475.06	470.73	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1986

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Woodland Terrace
120 Chipola Avenue
Deland FL 32720

Provider Number: 0 212636-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**171.97**	**166.67**	**7/1/2011**
	Level H: AIDS	316.83	312.87	7/1/2011
	Level U: Fragile Under 21	433.08	430.20	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/27/1996

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212709-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.72**	**177.81**	**7/1/2011**
	Level H: AIDS	330.58	324.01	7/1/2011
	Level U: Fragile Under 21	446.83	441.34	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/23/1996

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212733-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**164.67**	**150.13**	**7/1/2011**
	Level H: AIDS	309.53	296.33	7/1/2011
	Level U: Fragile Under 21	425.78	413.66	7/1/2011

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:

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

Changes:

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

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Florida Lutheran Retirement Center
450 NORTH MCDONALD AVENUE
DeLand FL 32724

Provider Number: 0 212792-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.98**	**183.59**	**7/1/2011**
	Level H: AIDS	344.84	329.79	7/1/2011
	Level U: Fragile Under 21	461.09	447.12	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/17/1997

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212806-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**256.09**	**243.11**	**7/1/2011**
	Level H: AIDS	400.95	389.31	7/1/2011
	Level U: Fragile Under 21	517.20	506.64	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

University Center West
545 West Euclid Ave
Deland FL 32720

Provider Number: 0 212831-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.43**	**204.05**	**7/1/2011**
	Level H: AIDS	355.29	350.25	7/1/2011
	Level U: Fragile Under 21	471.54	467.58	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Tarpon Bayou Center
515 Chesapeake Drive
Tarpon Springs FL 34689

Provider Number: 0 212849-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.82**	**191.36**	**7/1/2011**
	Level H: AIDS	344.68	337.56	7/1/2011
	Level U: Fragile Under 21	460.93	454.89	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lakeland Hills Center
610 East Bella Vista Dr.
Lakeland FL 33805

Provider Number: 0 212865-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.55**	**182.41**	**7/1/2011**
	Level H: AIDS	333.41	328.61	7/1/2011
	Level U: Fragile Under 21	449.66	445.94	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Stephen Russell

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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: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.51**	**202.15**	**7/1/2011**
	Level H: AIDS	353.37	348.35	7/1/2011
	Level U: Fragile Under 21	469.62	465.68	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212881-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**182.12**	**176.07**	**7/1/2011**
	Level H: AIDS	326.98	322.27	7/1/2011
	Level U: Fragile Under 21	443.23	439.60	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212890-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.30**	**188.75**	**7/1/2011**
	Level H: AIDS	340.16	334.95	7/1/2011
	Level U: Fragile Under 21	456.41	452.28	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212903-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.24**	**185.77**	**7/1/2011**
	Level H: AIDS	337.10	331.97	7/1/2011
	Level U: Fragile Under 21	453.35	449.30	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Clearwater Center
1270 Turner Street
Clearwater FL 34616

Provider Number: 0 212911-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.20**	**202.71**	**7/1/2011**
	Level H: AIDS	354.06	348.91	7/1/2011
	Level U: Fragile Under 21	470.31	466.24	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 212971-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.42**	**192.77**	**7/1/2011**
	Level H: AIDS	347.28	338.97	7/1/2011
	Level U: Fragile Under 21	463.53	456.30	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Bay Center
1336 St. Andrew Blvd
Panama City FL 32405

Provider Number: 0 212989-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.12**	**196.06**	**7/1/2011**
	Level H: AIDS	347.98	342.26	7/1/2011
	Level U: Fragile Under 21	464.23	459.59	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Bartow Center
2055 East Georgia Street
Bartow FL 33830

Provider Number: 0 212997-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.16**	**187.91**	**7/1/2011**
	Level H: AIDS	339.02	334.11	7/1/2011
	Level U: Fragile Under 21	455.27	451.44	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Boca Ciega Center
1414 59th Street South
Gulfport FL 33707

Provider Number: 0 213004-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.13**	**196.32**	**7/1/2011**
	Level H: AIDS	350.99	342.52	7/1/2011
	Level U: Fragile Under 21	467.24	459.85	7/1/2011

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:

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

Changes:

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

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 213098-00
Date: 6/24/2011
Fiscal Year End: 1/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.82**	**216.65**	**7/1/2011**
	Level H: AIDS	364.68	362.85	7/1/2011
	Level U: Fragile Under 21	480.93	480.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1997

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Water's Edge Extended Care
1500 S.W. Capri
Palm City FL 34990

Provider Number: 0 213152-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**255.80**	**242.69**	**7/1/2011**
	Level H: AIDS	400.66	388.89	7/1/2011
	Level U: Fragile Under 21	516.91	506.22	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/21/1997

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Life Care Center at Wells Crossing
355 Crossing Boulevard
Orange Park FL 32073

Provider Number: 0 213161-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.64**	**188.57**	**7/1/2011**
	Level H: AIDS	340.50	334.77	7/1/2011
	Level U: Fragile Under 21	456.75	452.10	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/23/1997

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Haborchase of Venice
950 Pinebrook Road
Venice FL 34292

Provider Number: 0 213322-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.95**	**200.69**	**7/1/2011**
	Level H: AIDS	355.81	346.89	7/1/2011
	Level U: Fragile Under 21	472.06	464.22	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1997

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Life Care Center Of Orlando
3211 Rouse Road
Orlando FL 32817

Provider Number: 0 213403-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.19**	**196.15**	**7/1/2011**
	Level H: AIDS	349.05	342.35	7/1/2011
	Level U: Fragile Under 21	465.30	459.68	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/02/1997

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Madison Nursing Center
2481 West US 90
Madison FL 32340

Provider Number: 0 213462-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.84**	**212.74**	**7/1/2011**
	Level H: AIDS	364.70	358.94	7/1/2011
	Level U: Fragile Under 21	480.95	476.27	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1996

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Medicaid Reimbursement Per Diem Rates

Lakeside Village A Classic Residence by Hyatt
2792 Donnelly Drive
Lantana FL 33462

Provider Number: 0 213837-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.68**	**226.15**	**7/1/2011**
	Level H: AIDS	383.54	372.35	7/1/2011
	Level U: Fragile Under 21	499.79	489.68	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1998

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 213900-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.43**	**220.81**	**7/1/2011**
	Level H: AIDS	376.29	367.01	7/1/2011
	Level U: Fragile Under 21	492.54	484.34	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1986

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

TMH Skilled Nursing Facility
1609 Medical Drive
Tallahassee FL 32308

Provider Number: 0 213934-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.49**	**201.18**	**7/1/2011**
	Level H: AIDS	356.35	347.38	7/1/2011
	Level U: Fragile Under 21	472.60	464.71	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Gramercy Park Nursing Center
17475 S. Dixie Highway
Miami FL 33157

Provider Number: 0 214027-00
Date: 6/24/2011
Fiscal Year End: 7/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.23**	**201.65**	**7/1/2011**
	Level H: AIDS	353.09	347.85	7/1/2011
	Level U: Fragile Under 21	469.34	465.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/2004

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 214035-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.60**	**236.72**	**7/1/2011**
	Level H: AIDS	390.46	382.92	7/1/2011
	Level U: Fragile Under 21	506.71	500.25	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Marion House Health Care Center
3930 E Silver Springs Blvd
Ocala FL 32670

Provider Number: 0 214043-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.43**	**223.76**	**7/1/2011**
	Level H: AIDS	377.29	369.96	7/1/2011
	Level U: Fragile Under 21	493.54	487.29	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 04/18/1991

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Hilliard
US 1 & 3rd Street
Hilliard FL 32046

Provider Number: 0 214060-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.31**	**186.69**	**7/1/2011**
	Level H: AIDS	338.17	332.89	7/1/2011
	Level U: Fragile Under 21	454.42	450.22	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1990

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No Change in Rate

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Baldomero Lopez Memorial Veterans Nursing Home
6919 Parkway Blvd.
Land O Lakes FL 34639

Provider Number: 0 214914-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.10**	**209.16**	**7/1/2011**
	Level H: AIDS	371.96	355.36	7/1/2011
	Level U: Fragile Under 21	488.21	472.69	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/07/1999

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No Change in Rate

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Osprey Point Nursing Center
1104 South Main Street
Bushnell FL 33513

Provider Number: 0 215597-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.25**	**192.96**	**7/1/2011**
	Level H: AIDS	345.11	339.16	7/1/2011
	Level U: Fragile Under 21	461.36	456.49	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 07/02/1999

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Harbour's Edge
401 E. Linton Boulevard
Delray Beach FL 33483

Provider Number: 0 216399-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**244.70**	**231.78**	**7/1/2011**
	Level H: AIDS	389.56	377.98	7/1/2011
	Level U: Fragile Under 21	505.81	495.31	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

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Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Crystal River Health & Rehabilitation Center
136 Northeast 12th Avenue
Crystal River FL 34429

Provider Number: 0 217263-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.77**	**201.42**	**7/1/2011**
	Level H: AIDS	353.63	347.62	7/1/2011
	Level U: Fragile Under 21	469.88	464.95	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1999

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No Change in Rate

Stephen Russell
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Tuscaloosa AL 35406

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Medicaid Reimbursement Per Diem Rates

Ocala Health & Rehabilitation Center
1201 Southeast 24th Road
Ocala FL 34471

Provider Number: 0 217395-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.58**	**187.09**	**7/1/2011**
	Level H: AIDS	338.44	333.29	7/1/2011
	Level U: Fragile Under 21	454.69	450.62	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

West Melbourne Health & Rehabilitation Center
2125 West New Havene Avenue
West Melbourne FL 32904

Provider Number: 0 217727-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.50**	**197.42**	**7/1/2011**
	Level H: AIDS	349.36	343.62	7/1/2011
	Level U: Fragile Under 21	465.61	460.95	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2011

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Medicaid Reimbursement Per Diem Rates

St. Augustine Health & Rehabilitation Center
51 Sunrise Boulevard
St. Augustine FL 32086

Provider Number: 0 217735-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.02**	**205.26**	**7/1/2011**
	Level H: AIDS	357.88	351.46	7/1/2011
	Level U: Fragile Under 21	474.13	468.79	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1999

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Medicaid Reimbursement Per Diem Rates

Daytona Beach Health and Rehabilitation Center
1055 Third Avenue
Daytona Beach FL 32117

Provider Number: 0 217743-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.29**	**199.14**	**7/1/2011**
	Level H: AIDS	351.15	345.34	7/1/2011
	Level U: Fragile Under 21	467.40	462.67	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Port St. Lucie
3720 South Jennings Road
Port St Lucie FL 34952

Provider Number: 0 217824-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.32**	**206.99**	**7/1/2011**
	Level H: AIDS	360.18	353.19	7/1/2011
	Level U: Fragile Under 21	476.43	470.52	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 01/01/1999

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 218057-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.59**	**203.52**	**7/1/2011**
	Level H: AIDS	355.45	349.72	7/1/2011
	Level U: Fragile Under 21	471.70	467.05	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

W. JACKSONVILLE HEALTH AND REHAB CENTE
1650 Fouraker Road
Jacksonville FL 32221

Provider Number: 0 218171-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.16**	**192.87**	**7/1/2011**
	Level H: AIDS	345.02	339.07	7/1/2011
	Level U: Fragile Under 21	461.27	456.40	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/10/1990

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Life Care Center of Winter Haven
1510 Cypress Gardens Boulevard
Winter Haven FL 33884

Provider Number: 0 219380-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.23**	**194.53**	**7/1/2011**
	Level H: AIDS	347.09	340.73	7/1/2011
	Level U: Fragile Under 21	463.34	458.06	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 11/03/1999

Distribution:

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- _____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Century Care Center.
6020 Industrial Blvd.
Century FL 32535

Provider Number: 0 220604-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.06**	**212.09**	**7/1/2011**
	Level H: AIDS	363.92	358.29	7/1/2011
	Level U: Fragile Under 21	480.17	475.62	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/12/1994

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Santa Rosa Health & Rehabilitation Center
5386 Broad Steeet
Milton FL 32570

Provider Number: 0 220612-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.41**	**202.85**	**7/1/2011**
	Level H: AIDS	354.27	349.05	7/1/2011
	Level U: Fragile Under 21	470.52	466.38	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Sandy Ridge Care Center
5360 Glover Lane
Milton FL 32570

Provider Number: 0 220621-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.34**	**217.03**	**7/1/2011**
	Level H: AIDS	369.20	363.23	7/1/2011
	Level U: Fragile Under 21	485.45	480.56	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/29/2000

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Westminster Care of Clermont
151 East Minnehaha Ave
Clermont FL 34711

Provider Number: 0 221465-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.33**	**179.50**	**7/1/2011**
	Level H: AIDS	330.19	325.70	7/1/2011
	Level U: Fragile Under 21	446.44	443.03	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1987

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Calusa Harbour
2525 East First St
Ft. Myers FL 33901

Provider Number: 0 221473-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.28**	**229.26**	**7/1/2011**
	Level H: AIDS	381.14	375.46	7/1/2011
	Level U: Fragile Under 21	497.39	492.79	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tony Harris
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McLean VA 22102

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Medicaid Reimbursement Per Diem Rates

Delaney Park Health and Rehabilitation Center
215 Annie St
Orlando FL 32806

Provider Number: 0 221589-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.02**	**195.64**	**7/1/2011**
	Level H: AIDS	345.88	341.84	7/1/2011
	Level U: Fragile Under 21	462.13	459.17	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/30/1993

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 223239-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.83**	**212.77**	**7/1/2011**
	Level H: AIDS	358.69	358.97	7/1/2011
	Level U: Fragile Under 21	474.94	476.30	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/21/1988

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 223654-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.34**	**182.39**	**7/1/2011**
	Level H: AIDS	335.20	328.59	7/1/2011
	Level U: Fragile Under 21	451.45	445.92	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Sarasota
8104 North Tuttle Avenue
Sarasota Fl 34243

Provider Number: 0 223786-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.08**	**214.91**	**7/1/2011**
	Level H: AIDS	368.94	361.11	7/1/2011
	Level U: Fragile Under 21	485.19	478.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/29/2000

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Doug Ruth
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante at Orlando, inc.
2000 North Semoran Boulevard
Orlando FL 32807

Provider Number: 0 223808-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.71**	**213.13**	**7/1/2011**
	Level H: AIDS	365.57	359.33	7/1/2011
	Level U: Fragile Under 21	481.82	476.66	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 11/01/1990

Distribution:

Contract Management / Fiscal Agent
Permanent File
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_____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:

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Medicaid Reimbursement Per Diem Rates

Doctors Lake of Orange Park
833 Kingsley Avenue
Orange Park FL 32073

Provider Number: 0 223883-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.38**	**191.91**	**7/1/2011**
	Level H: AIDS	347.24	338.11	7/1/2011
	Level U: Fragile Under 21	463.49	455.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/03/1987

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Pensacola Health Care Facility
1717 West Avery Street
Pensacola FL 32501

Provider Number: 0 224243-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.35**	**198.15**	**7/1/2011**
	Level H: AIDS	349.21	344.35	7/1/2011
	Level U: Fragile Under 21	465.46	461.68	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/30/1987

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 224341-00
Date: 6/24/2011
Fiscal Year End: 11/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.41**	**195.81**	**7/1/2011**
	Level H: AIDS	341.27	342.01	7/1/2011
	Level U: Fragile Under 21	457.52	459.34	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1998

Distribution:

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Permanent File
For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

South Tampa Health and Rehabilitation Center
4610 S. Manhattan Avenue
Tampa FL 33611

Provider Number: 0 224910-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.22**	**196.13**	**7/1/2011**
	Level H: AIDS	354.08	342.33	7/1/2011
	Level U: Fragile Under 21	470.33	459.66	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1986

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 225053-00
Date: 6/24/2011
Fiscal Year End: 2/28/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.35**	**208.51**	**7/1/2011**
	Level H: AIDS	364.21	354.71	7/1/2011
	Level U: Fragile Under 21	480.46	472.04	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1997

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Victoria Nursing and Rehabilitation Center
955 NW 3rd Street
Miami Fl 33128

Provider Number: 0 225177-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.98**	**212.52**	**7/1/2011**
	Level H: AIDS	366.84	358.72	7/1/2011
	Level U: Fragile Under 21	483.09	476.05	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/13/2000

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

MK of Fernandina Beach LLC
1625 Lime St
Fernandina Beach FL 32034

Provider Number: 0 225274-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.45**	**195.40**	**7/1/2011**
	Level H: AIDS	347.31	341.60	7/1/2011
	Level U: Fragile Under 21	463.56	458.93	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

MK of Winter Garden LLC
12751 W Colonial Dr
Winter Garden FL 31787

Provider Number: 0 225410-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.28**	**210.97**	**7/1/2011**
	Level H: AIDS	354.14	357.17	7/1/2011
	Level U: Fragile Under 21	470.39	474.50	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 09/01/1999

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Springtree Rehab & Health Center, LLC
4251 Springtree Drive
Sunrise FL 33351

Provider Number: 0 225631-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.82**	**207.27**	**7/1/2011**
	Level H: AIDS	360.68	353.47	7/1/2011
	Level U: Fragile Under 21	476.93	470.80	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/06/1990

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Pinecrest Convalescent Center
13650 NE Third Street
North Miami FL 33161

Provider Number: 0 225754-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.71**	**230.42**	**7/1/2011**
	Level H: AIDS	383.57	376.62	7/1/2011
	Level U: Fragile Under 21	499.82	493.95	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1996

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Stuart Nursing & Restorative Care Center
1500 Palm Beach Road
Stuart FL 33494

Provider Number: 0 225991-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.15**	**192.32**	**7/1/2011**
	Level H: AIDS	334.01	338.52	7/1/2011
	Level U: Fragile Under 21	450.26	455.85	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Port St. Lucie Nursing & Restorative Care Center
7300 Oleander Avenue
Port St. Lucie FL 34952

Provider Number: 0 226009-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.12**	**203.57**	**7/1/2011**
	Level H: AIDS	351.98	349.77	7/1/2011
	Level U: Fragile Under 21	468.23	467.10	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Plantation Nursing & Rehab Center
4250 NW 5th Street
Plantation FL 33317

Provider Number: 0 226017-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.26**	**228.51**	**7/1/2011**
	Level H: AIDS	381.12	374.71	7/1/2011
	Level U: Fragile Under 21	497.37	492.04	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Ft. Lauderdale FL 33309

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Medicaid Reimbursement Per Diem Rates

Martin Nursing and Restorative Care Center
6001 SE Tower Road
Stuart FL 34997

Provider Number: 0 226033-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.85**	**201.63**	**7/1/2011**
	Level H: AIDS	353.71	347.83	7/1/2011
	Level U: Fragile Under 21	469.96	465.16	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/16/1997

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Medicaid Reimbursement Per Diem Rates

The Manor At Blue Water Bay
1500 North White Pt. Road
Niceville FL 32578

Provider Number: 0 226041-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.43**	**197.35**	**7/1/2011**
	Level H: AIDS	346.29	343.55	7/1/2011
	Level U: Fragile Under 21	462.54	460.88	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 02/02/1993

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Cathedral Gerontology Center
333 East Ashley Street
Jacksonville FL 32202

Provider Number: 0 226068-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.65**	**209.87**	**7/1/2011**
	Level H: AIDS	362.51	356.07	7/1/2011
	Level U: Fragile Under 21	478.76	473.40	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Broward Nursing and Rehab Center
1330 South Andrew Avenue
Ft. Lauderdale FL 33316

Provider Number: 0 226335-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.22**	**213.32**	**7/1/2011**
	Level H: AIDS	366.08	359.52	7/1/2011
	Level U: Fragile Under 21	482.33	476.85	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Ocean View Nursing and Rehabilitation Center
2810 S. Atlanta Avenue
New Smyrna Beach FL 32069

Provider Number: 0 226351-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.68**	**199.15**	**7/1/2011**
	Level H: AIDS	350.54	345.35	7/1/2011
	Level U: Fragile Under 21	466.79	462.68	7/1/2011

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:

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

Changes:

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

Distribution:

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Medicaid Reimbursement Per Diem Rates

South Heritage Nursing Center
718 Lakeview Avenue South
St. Petersburg FL 33705

Provider Number: 0 226360-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.56**	**204.31**	**7/1/2011**
	Level H: AIDS	356.42	350.51	7/1/2011
	Level U: Fragile Under 21	472.67	467.84	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 226602-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.78**	**192.29**	**7/1/2011**
	Level H: AIDS	349.64	338.49	7/1/2011
	Level U: Fragile Under 21	465.89	455.82	7/1/2011

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:

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

Changes:

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

Distribution:

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Fair Havens Center, LLC
201 Curtiss Parkway
Miami Springs FL 33166

Provider Number: 0 227226-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**159.15**	**154.80**	**7/1/2011**
	Level H: AIDS	304.01	301.00	7/1/2011
	Level U: Fragile Under 21	420.26	418.33	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Alpine Health and Rehabilitation Center
3456 21st Avenue South
St. Petersburg FL 33711

Provider Number: 0 227251-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.98**	**214.91**	**7/1/2011**
	Level H: AIDS	366.84	361.11	7/1/2011
	Level U: Fragile Under 21	483.09	478.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1989

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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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: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.98**	**202.65**	**7/1/2011**
	Level H: AIDS	346.84	348.85	7/1/2011
	Level U: Fragile Under 21	463.09	466.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1988

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Lady Lake Specialty Care Center
630 Griffen Avenue
Lady Lake FL 32159

Provider Number: 0 227561-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.77**	**211.54**	**7/1/2011**
	Level H: AIDS	361.63	357.74	7/1/2011
	Level U: Fragile Under 21	477.88	475.07	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/30/1999

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 227579-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.74**	**217.75**	**7/1/2011**
	Level H: AIDS	364.60	363.95	7/1/2011
	Level U: Fragile Under 21	480.85	481.28	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Rockledge Rehab & Nursing Center
587 Barton Blvd.
Rockledge FL 32955

Provider Number: 0 227587-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.17**	**207.58**	**7/1/2011**
	Level H: AIDS	356.03	353.78	7/1/2011
	Level U: Fragile Under 21	472.28	471.11	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Greenbriar Rehab & Nursing Center
210 21st Avenue West
Bradenton FL 34205

Provider Number: 0 227625-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.38**	**218.48**	**7/1/2011**
	Level H: AIDS	370.24	364.68	7/1/2011
	Level U: Fragile Under 21	486.49	482.01	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Apollo Health & Rehab Center
1000 24th Street North
St. Petersburg FL 33713

Provider Number: 0 227633-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.34**	**214.28**	**7/1/2011**
	Level H: AIDS	367.20	360.48	7/1/2011
	Level U: Fragile Under 21	483.45	477.81	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1996

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Medicaid Reimbursement Per Diem Rates

North Rehabilitation Center
1301 16th Street North
St. Petersburg FL 33705

Provider Number: 0 227641-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.65**	**206.12**	**7/1/2011**
	Level H: AIDS	354.51	352.32	7/1/2011
	Level U: Fragile Under 21	470.76	469.65	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Lexington Health & Rehabilitation Center
6300 46th Avenue North
St. Petersburg FL 33709

Provider Number: 0 227650-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.13**	**215.02**	**7/1/2011**
	Level H: AIDS	367.99	361.22	7/1/2011
	Level U: Fragile Under 21	484.24	478.55	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Liberty Inn
5858 Heritage Park Way
Delray Beach FL 33484

Provider Number: 0 227676-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.65**	**218.55**	**7/1/2011**
	Level H: AIDS	381.51	364.75	7/1/2011
	Level U: Fragile Under 21	497.76	482.08	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/17/1998

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Delray Beach FL 33484

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Park Meadows Health & Rehab Center
3250 SW 41st Place
Gainesville FL 32608

Provider Number: 0 227765-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.57**	**210.15**	**7/1/2011**
	Level H: AIDS	356.43	356.35	7/1/2011
	Level U: Fragile Under 21	472.68	473.68	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change Not on FRV [1]

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

New Horizon Health & Rehab Center
635 SE 17th Street
Ocala FL 34471

Provider Number: 0 227773-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.10**	**214.15**	**7/1/2011**
	Level H: AIDS	365.96	360.35	7/1/2011
	Level U: Fragile Under 21	482.21	477.68	7/1/2011

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:

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

Changes:

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

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 227838-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.13**	**195.80**	**7/1/2011**
	Level H: AIDS	350.99	342.00	7/1/2011
	Level U: Fragile Under 21	467.24	459.33	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1989

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Ayers Health & Rehab Center
606 NE 7th Street
Trenton FL 32693

Provider Number: 0 227871-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.48**	**179.69**	**7/1/2011**
	Level H: AIDS	330.34	325.89	7/1/2011
	Level U: Fragile Under 21	446.59	443.22	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

North Beach Nursing & Rehabilitation Center
2201 N.E. 170th Street
North Miami Beach FL 33160

Provider Number: 0 228001-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.17**	**239.42**	**7/1/2011**
	Level H: AIDS	391.03	385.62	7/1/2011
	Level U: Fragile Under 21	507.28	502.95	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Gardens Court
3803 PGA Boulevard
Palm Beach Gardens FL 33410

Provider Number: 0 228320-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.33**	**216.70**	**7/1/2011**
	Level H: AIDS	372.19	362.90	7/1/2011
	Level U: Fragile Under 21	488.44	480.23	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/13/1997

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Melbourne
606 East Sheridan Street
Melbourne FL 32901

Provider Number: 0 228338-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.95**	**197.36**	**7/1/2011**
	Level H: AIDS	349.81	343.56	7/1/2011
	Level U: Fragile Under 21	466.06	460.89	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1990

Distribution:

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Cleveland TN 37320

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Medicaid Reimbursement Per Diem Rates

Park Ridge Nursing Center
730 College Street
Jacksonville FL 32204

Provider Number: 0 228401-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.06**	**185.74**	**7/1/2011**
	Level H: AIDS	336.92	331.94	7/1/2011
	Level U: Fragile Under 21	453.17	449.27	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Ivonne Burrell
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Fernandina Beach FL 32034

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Medicaid Reimbursement Per Diem Rates

Bear Creek Nursing Center
8041 State Rd. 52
Hudson FL 34667

Provider Number: 0 228567-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**184.34**	**177.99**	**7/1/2011**
	Level H: AIDS	329.20	324.19	7/1/2011
	Level U: Fragile Under 21	445.45	441.52	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Murfreesboro TN 37130

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Medicaid Reimbursement Per Diem Rates

Royal Oak Nursing Center
37300 Royal Oak Lane
Dade City FL 33525

Provider Number: 0 228575-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.86**	**188.40**	**7/1/2011**
	Level H: AIDS	339.72	334.60	7/1/2011
	Level U: Fragile Under 21	455.97	451.93	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Heather Hill Nursing Home
6630 Kentucky Avenue
New Port Richey FL 34653

Provider Number: 0 228591-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.96**	**189.84**	**7/1/2011**
	Level H: AIDS	340.82	336.04	7/1/2011
	Level U: Fragile Under 21	457.07	453.37	7/1/2011

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:

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

Changes:

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

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 228621-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**260.94**	**249.98**	**7/1/2011**
	Level H: AIDS	405.80	396.18	7/1/2011
	Level U: Fragile Under 21	522.05	513.51	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/20/2001

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Winter Haven Health and Rehab Center
202 Avenue ^'O^' NE
Winter Haven FL 33881

Provider Number: 0 228702-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.26**	**180.82**	**7/1/2011**
	Level H: AIDS	335.12	327.02	7/1/2011
	Level U: Fragile Under 21	451.37	444.35	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Woodland Terrace of Citrus County
124 W. Norvell Bryant Hwy
Hernando FL 34442

Provider Number: 0 228711-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**170.64**	**165.91**	**7/1/2011**
	Level H: AIDS	315.50	312.11	7/1/2011
	Level U: Fragile Under 21	431.75	429.44	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/12/2001

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Donna Marsh
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Daytona Beach FL 32114

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Medicaid Reimbursement Per Diem Rates

East Ridge Retirement Village, Inc.
19301 SW 87th Avenue
Miami Fl 33157

Provider Number: 0 228788-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.29**	**227.27**	**7/1/2011**
	Level H: AIDS	383.15	373.47	7/1/2011
	Level U: Fragile Under 21	499.40	490.80	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/12/2001

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Cypress Cove Care Center
700 SE 8th Avenue
Crystal River FL 34429

Provider Number: 0 228940-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.10**	**185.72**	**7/1/2011**
	Level H: AIDS	336.96	331.92	7/1/2011
	Level U: Fragile Under 21	453.21	449.25	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Preston Sweeney
714 South Church Street
Murfreesboro TN 37130

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Medicaid Reimbursement Per Diem Rates

Brooksville Healthcare Center
1114 Chatman Blvd
Brooksville FL 34601

Provider Number: 0 228958-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.12**	**178.20**	**7/1/2011**
	Level H: AIDS	329.98	324.40	7/1/2011
	Level U: Fragile Under 21	446.23	441.73	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Lake Harris Health Center
701 Lake Port Boulevard
Leesburg FL 34748

Provider Number: 0 228966-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.40**	**190.65**	**7/1/2011**
	Level H: AIDS	344.26	336.85	7/1/2011
	Level U: Fragile Under 21	460.51	454.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/17/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Sylvan Health Center
2770 Regency Oaks Blvd.
Clearwater FL 33759

Provider Number: 0 229164-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.59**	**198.38**	**7/1/2011**
	Level H: AIDS	352.45	344.58	7/1/2011
	Level U: Fragile Under 21	468.70	461.91	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/07/1991

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Shell Point Village Retirement Community
15000 Shell Point Boulevard
Ft. Myers Fl 33908

Provider Number: 0 229202-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.54**	**195.44**	**7/1/2011**
	Level H: AIDS	357.40	341.64	7/1/2011
	Level U: Fragile Under 21	473.65	458.97	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/28/2001

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Ft. Walton
1 LBJ Sr. Drive
Ft. Walton Beach FL 32548

Provider Number: 0 229237-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.46**	**186.63**	**7/1/2011**
	Level H: AIDS	346.32	332.83	7/1/2011
	Level U: Fragile Under 21	462.57	450.16	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/08/1987

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Pensacola Fl 32504

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Medicaid Reimbursement Per Diem Rates

Gainesville Health Care Center
1311 SW 16th Street
Gainesville FL 32608

Provider Number: 0 229288-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.43**	**201.38**	**7/1/2011**
	Level H: AIDS	361.29	347.58	7/1/2011
	Level U: Fragile Under 21	477.54	464.91	7/1/2011

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:

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

Changes:

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

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Lake View Care Center at Delray
5430 Linton Blvd
DelRay Beach FL 33484

Provider Number: 0 229610-00
Date: 6/24/2011
Fiscal Year End: 3/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.87**	**201.30**	**7/1/2011**
	Level H: AIDS	353.73	347.50	7/1/2011
	Level U: Fragile Under 21	469.98	464.83	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Menorah House
9945 Central Park Blvd
Boca Raton FL 33428

Provider Number: 0 229628-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.76**	**206.84**	**7/1/2011**
	Level H: AIDS	358.62	353.04	7/1/2011
	Level U: Fragile Under 21	474.87	470.37	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Alexander Nininger State Veterans Nursing Home
8401 West Cypress Drive
Pembroke Pines Fl 33025

Provider Number: 0 229849-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.30**	**218.36**	**7/1/2011**
	Level H: AIDS	376.16	364.56	7/1/2011
	Level U: Fragile Under 21	492.41	481.89	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/06/2001

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Walter Gilchrist
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Largo Fl 33778-1630

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

Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTE
8785 NW 32 AVE
Miami FL 33147

Provider Number: 0 250988-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.17**	**226.51**	**7/1/2011**
	Level H: AIDS	381.03	372.71	7/1/2011
	Level U: Fragile Under 21	497.28	490.04	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1993

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
DOS Health Care, Inc
Jorge Hernando
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Miami FL 33141

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Blountstown
17884 N.E. Crozier Street
Blountstown FL 32424

Provider Number: 0 251097-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**183.88**	**177.49**	**7/1/2011**
	Level H: AIDS	328.74	323.69	7/1/2011
	Level U: Fragile Under 21	444.99	441.02	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Pensacola Fl 32504

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Parthenon Healthcare of Crestview
1849 First Avenue, East
Crestview FL 32539

Provider Number: 0 251101-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.28**	**177.75**	**7/1/2011**
	Level H: AIDS	332.14	323.95	7/1/2011
	Level U: Fragile Under 21	448.39	441.28	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/30/1987

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Pensacola Fl 32504

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandywyne Health Care Center
1801 North Lake Mariam Drive
Winter Haven FL 33884

Provider Number: 0 251399-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.70**	**195.90**	**7/1/2011**
	Level H: AIDS	351.56	342.10	7/1/2011
	Level U: Fragile Under 21	467.81	459.43	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1999

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Concordia Manor
321 13th Avenue North
St. Petersburg FL 33701

Provider Number: 0 251666-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.60**	**194.81**	**7/1/2011**
	Level H: AIDS	349.46	341.01	7/1/2011
	Level U: Fragile Under 21	465.71	458.34	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Oakhurst Care & Rehabilitation Center
1501 SE 24th Road
Ocala FL 34471

Provider Number: 0 251721-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.67**	**190.91**	**7/1/2011**
	Level H: AIDS	343.53	337.11	7/1/2011
	Level U: Fragile Under 21	459.78	454.44	7/1/2011

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:

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

Changes:

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

Distribution:

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Permanent File
For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bradford Terrace, LLC
808 S. Colley Road
Starke FL 32091

Provider Number: 0 251739-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**169.98**	**164.87**	**7/1/2011**
	Level H: AIDS	314.84	311.07	7/1/2011
	Level U: Fragile Under 21	431.09	428.40	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/30/1992

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Donna Marsh
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Daytona Beach FL 32114

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Medicaid Reimbursement Per Diem Rates

Avante at Melbourne, Inc.
1420 South Oak Street
Melbourne FL 32901

Provider Number: 0 252018-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.14**	**226.03**	**7/1/2011**
	Level H: AIDS	379.00	372.23	7/1/2011
	Level U: Fragile Under 21	495.25	489.56	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1992

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Janan Mitchell
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Hollywood FL 33021-6744

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ORMOND BEACH
170 North Kings Road
Ormond Beach FL 32807

Provider Number: 0 252034-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.95**	**210.34**	**7/1/2011**
	Level H: AIDS	362.81	356.54	7/1/2011
	Level U: Fragile Under 21	479.06	473.87	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1992

Distribution:

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No Change in Rate

Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Avante at Mt. Dora
3050 Brown Avenue
Mount Dora FL 32757

Provider Number: 0 252042-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.67**	**213.25**	**7/1/2011**
	Level H: AIDS	366.53	359.45	7/1/2011
	Level U: Fragile Under 21	482.78	476.78	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 04/01/1992

Distribution:

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- _____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252051-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.73**	**192.73**	**7/1/2011**
	Level H: AIDS	343.59	338.93	7/1/2011
	Level U: Fragile Under 21	459.84	456.26	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Bradenton Health Care
6305 Cortez Road West
Bradenton FL 34210

Provider Number: 0 252069-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.91**	**199.60**	**7/1/2011**
	Level H: AIDS	351.77	345.80	7/1/2011
	Level U: Fragile Under 21	468.02	463.13	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/09/1999

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Brandon Health and Rehab. Center
1465 Oakfield Drive
Brandon FL 33511

Provider Number: 0 252077-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.95**	**184.76**	**7/1/2011**
	Level H: AIDS	336.81	330.96	7/1/2011
	Level U: Fragile Under 21	453.06	448.29	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/07/1997

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Coral Trace Health Care
216 Santa Barbara Blvd
Cape Coral FL 33991

Provider Number: 0 252107-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.20**	**192.04**	**7/1/2011**
	Level H: AIDS	350.06	338.24	7/1/2011
	Level U: Fragile Under 21	466.31	455.57	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

Distribution:

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

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Countryside Healthcare Center
3825 Countryside Blvd.
Palm Harbour FL 34684

Provider Number: 0 252115-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.23**	**193.87**	**7/1/2011**
	Level H: AIDS	348.09	340.07	7/1/2011
	Level U: Fragile Under 21	464.34	457.40	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/19/1987

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

University Hills Health and Rehab.
10040 Hillview Road
Pensacola FL 32514

Provider Number: 0 252123-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.58**	**195.28**	**7/1/2011**
	Level H: AIDS	348.44	341.48	7/1/2011
	Level U: Fragile Under 21	464.69	458.81	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Deltona Health Care
1851 Elkcam Boulevard
Deltona FL 32725

Provider Number: 0 252158-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.16**	**196.33**	**7/1/2011**
	Level H: AIDS	348.02	342.53	7/1/2011
	Level U: Fragile Under 21	464.27	459.86	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1998

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Destin Healthcare and Rehab. Center
195 Mattie M. Kelly Blvd.
Destin FL 32541

Provider Number: 0 252166-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.76**	**190.41**	**7/1/2011**
	Level H: AIDS	341.62	336.61	7/1/2011
	Level U: Fragile Under 21	457.87	453.94	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/11/1994

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Medicaid Reimbursement Per Diem Rates

Heron Pointe Health and Rehab.
1445 Howell Avenue
Brooksville FL 34601

Provider Number: 0 252174-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.68**	**188.10**	**7/1/2011**
	Level H: AIDS	339.54	334.30	7/1/2011
	Level U: Fragile Under 21	455.79	451.63	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Magnolia Health and Rehab. Center
1507 South Tuttle Ave
Sarasota FL 34239

Provider Number: 0 252182-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.18**	**204.23**	**7/1/2011**
	Level H: AIDS	356.04	350.43	7/1/2011
	Level U: Fragile Under 21	472.29	467.76	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/14/1994

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Medicaid Reimbursement Per Diem Rates

Emerald Shores Health and Rehab.
626 North Tyndall Parkway
Callaway Fl 32404

Provider Number: 0 252191-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.09**	**194.27**	**7/1/2011**
	Level H: AIDS	345.95	340.47	7/1/2011
	Level U: Fragile Under 21	462.20	457.80	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/30/2000

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Medicaid Reimbursement Per Diem Rates

Englewood Healthcare & Rehab. Center
1111 Drury Lane
Englewood FL 34224

Provider Number: 0 252204-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.43**	**186.55**	**7/1/2011**
	Level H: AIDS	339.29	332.75	7/1/2011
	Level U: Fragile Under 21	455.54	450.08	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1993

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Medicaid Reimbursement Per Diem Rates

Evans Health Care
3735 Evans Avenue
Ft Myers FL 33901

Provider Number: 0 252212-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.06**	**200.03**	**7/1/2011**
	Level H: AIDS	351.92	346.23	7/1/2011
	Level U: Fragile Under 21	468.17	463.56	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/14/1998

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Medicaid Reimbursement Per Diem Rates

Fletcher Health and Rehab. Center
518 West Fletcher Ave
Tampa FL 33612

Provider Number: 0 252221-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.76**	**192.98**	**7/1/2011**
	Level H: AIDS	344.62	339.18	7/1/2011
	Level U: Fragile Under 21	460.87	456.51	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/19/1998

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Medicaid Reimbursement Per Diem Rates

Fort Pierce Health Care
611 South 13th Street
Ft. Pierce FL 34950

Provider Number: 0 252239-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.49**	**204.11**	**7/1/2011**
	Level H: AIDS	355.35	350.31	7/1/2011
	Level U: Fragile Under 21	471.60	467.64	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Sea Breeze Health Care
1937 Jenks Avenue
Panama City FL 32405

Provider Number: 0 252247-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.05**	**177.86**	**7/1/2011**
	Level H: AIDS	334.91	324.06	7/1/2011
	Level U: Fragile Under 21	451.16	441.39	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Harbor Beach Nursing and Rehab. Center
1615 South Miami Road
Ft. Lauderdale FL 33316

Provider Number: 0 252255-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.65**	**214.80**	**7/1/2011**
	Level H: AIDS	367.51	361.00	7/1/2011
	Level U: Fragile Under 21	483.76	478.33	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/28/1986

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Medicaid Reimbursement Per Diem Rates

Health Center at Brentwood
2333 North Brentwood Circle
Lecanto FL 34461

Provider Number: 0 252263-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.49**	**193.65**	**7/1/2011**
	Level H: AIDS	346.35	339.85	7/1/2011
	Level U: Fragile Under 21	462.60	457.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Heritage Health Care Center
1026 Albee Farm Road
Venice FL 34292

Provider Number: 0 252271-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.34**	**202.65**	**7/1/2011**
	Level H: AIDS	355.20	348.85	7/1/2011
	Level U: Fragile Under 21	471.45	466.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare and Rehab. Center
777 Ninth Street North
Naples FL 34102

Provider Number: 0 252280-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.14**	**213.00**	**7/1/2011**
	Level H: AIDS	366.00	359.20	7/1/2011
	Level U: Fragile Under 21	482.25	476.53	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Heritage Healthcare Center
3101 Ginger Drive
Tallahassee FL 32308

Provider Number: 0 252298-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.94**	**182.12**	**7/1/2011**
	Level H: AIDS	332.80	328.32	7/1/2011
	Level U: Fragile Under 21	449.05	445.65	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 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: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.86**	**194.65**	**7/1/2011**
	Level H: AIDS	346.72	340.85	7/1/2011
	Level U: Fragile Under 21	462.97	458.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/08/2000

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Medicaid Reimbursement Per Diem Rates

Wedgewood Healthcare Center
1010 Carpenters Way
Lakeland FL 33809

Provider Number: 0 252328-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.92**	**195.10**	**7/1/2011**
	Level H: AIDS	348.78	341.30	7/1/2011
	Level U: Fragile Under 21	465.03	458.63	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/26/1999

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Medicaid Reimbursement Per Diem Rates

Largo Health Care Center
9035 Bryan Dairy Rd.
Largo FL 33777

Provider Number: 0 252336-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.51**	**199.05**	**7/1/2011**
	Level H: AIDS	356.37	345.25	7/1/2011
	Level U: Fragile Under 21	472.62	462.58	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1999

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Medicaid Reimbursement Per Diem Rates

Heritage Park Rehab. and Healthcare
2826 Cleveland Avenue
Ft. Myers FL 33901

Provider Number: 0 252344-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.97**	**203.55**	**7/1/2011**
	Level H: AIDS	362.83	349.75	7/1/2011
	Level U: Fragile Under 21	479.08	467.08	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Island Health and Rehab. Center
125 Alma Boulevard
Merritt Island FL 32953

Provider Number: 0 252352-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.99**	**183.75**	**7/1/2011**
	Level H: AIDS	338.85	329.95	7/1/2011
	Level U: Fragile Under 21	455.10	447.28	7/1/2011

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:

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

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change
_
X Rate Semester Change On FRV [2] as of 04/01/1996

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Medicaid Reimbursement Per Diem Rates

North Florida Rehab. and Specialty Care
6700 NW 10th Place
Gainesville FL 32605

Provider Number: 0 252361-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.23**	**190.45**	**7/1/2011**
	Level H: AIDS	345.09	336.65	7/1/2011
	Level U: Fragile Under 21	461.34	453.98	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Shoal Creek Rehabilitation Center
500 South Hospital Drive
Crestview Fl 32539

Provider Number: 0 252379-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**181.41**	**172.27**	**7/1/2011**
	Level H: AIDS	326.27	318.47	7/1/2011
	Level U: Fragile Under 21	442.52	435.80	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/27/2000

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Medicaid Reimbursement Per Diem Rates

Governor's Creek Health and Rehab.
803 Oak Street
Green Cove Springs FL 32043

Provider Number: 0 252387-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.21**	**192.88**	**7/1/2011**
	Level H: AIDS	346.07	339.08	7/1/2011
	Level U: Fragile Under 21	462.32	456.41	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

The Palms Rehab. and Healthcare Center
5405 Babcock Street NE
Palm Bay FL 32905

Provider Number: 0 252395-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.59**	**201.11**	**7/1/2011**
	Level H: AIDS	353.45	347.31	7/1/2011
	Level U: Fragile Under 21	469.70	464.64	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/11/1998

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Medicaid Reimbursement Per Diem Rates

Grand Oaks Health and Rehab. Center
3001 Palm Coast Parkway SE
Palm Coast FL 32137

Provider Number: 0 252409-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.28**	**188.01**	**7/1/2011**
	Level H: AIDS	340.14	334.21	7/1/2011
	Level U: Fragile Under 21	456.39	451.54	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/16/1997

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Medicaid Reimbursement Per Diem Rates

Harts Harbor Health Care Center
11565 Harts Road
Jacksonville FL 32218

Provider Number: 0 252417-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.39**	**166.03**	**7/1/2011**
	Level H: AIDS	345.25	312.23	7/1/2011
	Level U: Fragile Under 21	461.50	429.56	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

Marshall Health and Rehab. Center
207 Marshall Drive
Perry FL 32347

Provider Number: 0 252425-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.71**	**175.33**	**7/1/2011**
	Level H: AIDS	330.57	321.53	7/1/2011
	Level U: Fragile Under 21	446.82	438.86	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

SeaView Nursing and Rehab. Center
2401 NE 2nd Street
Pompano Beach FL 33062

Provider Number: 0 252433-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.24**	**198.55**	**7/1/2011**
	Level H: AIDS	352.10	344.75	7/1/2011
	Level U: Fragile Under 21	468.35	462.08	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Plantation Bay Rehabilitation Center
4641 Old Canoe Creek Road
St. Cloud FL 34769

Provider Number: 0 252441-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.20**	**198.64**	**7/1/2011**
	Level H: AIDS	350.06	344.84	7/1/2011
	Level U: Fragile Under 21	466.31	462.17	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/20/1995

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Medicaid Reimbursement Per Diem Rates

Rio Pinar Health Care
7950 Lake Underhill Road
Orlando FL 32822

Provider Number: 0 252450-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.40**	**198.28**	**7/1/2011**
	Level H: AIDS	350.26	344.48	7/1/2011
	Level U: Fragile Under 21	466.51	461.81	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/23/1988

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Medicaid Reimbursement Per Diem Rates

Rosewood Health and Rehab. Center
3920 Rosewood Way
Orlando FL 32808

Provider Number: 0 252468-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.88**	**195.65**	**7/1/2011**
	Level H: AIDS	348.74	341.85	7/1/2011
	Level U: Fragile Under 21	464.99	459.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2001

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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE
650 Reed Canal Road
South Daytona FL 32019

Provider Number: 0 252476-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.10**	**192.78**	**7/1/2011**
	Level H: AIDS	344.96	338.98	7/1/2011
	Level U: Fragile Under 21	461.21	456.31	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/21/1993

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Medicaid Reimbursement Per Diem Rates

Edinborough Healthcare Center
1061 Virginia Street
Dunedin FL 34698

Provider Number: 0 252484-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.58**	**207.14**	**7/1/2011**
	Level H: AIDS	359.44	353.34	7/1/2011
	Level U: Fragile Under 21	475.69	470.67	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Spring Hill Health and Rehab. Center
12170 Cortez Blvd.
Brooksville FL 34613

Provider Number: 0 252492-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.34**	**191.31**	**7/1/2011**
	Level H: AIDS	343.20	337.51	7/1/2011
	Level U: Fragile Under 21	459.45	454.84	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1997

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Medicaid Reimbursement Per Diem Rates

Habana Health Care Center
2916 Habana Way
Tampa FL 33614

Provider Number: 0 252506-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.34**	**187.43**	**7/1/2011**
	Level H: AIDS	343.20	333.63	7/1/2011
	Level U: Fragile Under 21	459.45	450.96	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1989

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Medicaid Reimbursement Per Diem Rates

Vista Manor
1550 Jess Parrish Court
Titusville FL 32796

Provider Number: 0 252522-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.94**	**196.83**	**7/1/2011**
	Level H: AIDS	347.80	343.03	7/1/2011
	Level U: Fragile Under 21	464.05	460.36	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 12/01/2001

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Hillcrest Nursing and Rehabilitation Center
4200 Washington Street
Hollywood FL 33021

Provider Number: 0 252531-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.71**	**195.94**	**7/1/2011**
	Level H: AIDS	347.57	342.14	7/1/2011
	Level U: Fragile Under 21	463.82	459.47	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/27/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 252549-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.23**	**219.74**	**7/1/2011**
	Level H: AIDS	367.09	365.94	7/1/2011
	Level U: Fragile Under 21	483.34	483.27	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/09/1986

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Colonial Lakes Health Care
15204 West Colonial Drive
Winter Garden FL 34787

Provider Number: 0 252557-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.31**	**188.26**	**7/1/2011**
	Level H: AIDS	345.17	334.46	7/1/2011
	Level U: Fragile Under 21	461.42	451.79	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Pinebrook Care & Rehabilitation Center
1240 Pinebrook Road
Venice FL 34292

Provider Number: 0 252662-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.22**	**208.30**	**7/1/2011**
	Level H: AIDS	361.08	354.50	7/1/2011
	Level U: Fragile Under 21	477.33	471.83	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2005

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Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Palms of Sebring
725 South Pine Street
Sebring FL 33870

Provider Number: 0 252671-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.67**	**205.70**	**7/1/2011**
	Level H: AIDS	358.53	351.90	7/1/2011
	Level U: Fragile Under 21	474.78	469.23	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Orchard Ridge Care & Rehabilitation Center
4927 Voorhees Road
New Port Richey FL 34653

Provider Number: 0 252689-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.77**	**199.23**	**7/1/2011**
	Level H: AIDS	351.63	345.43	7/1/2011
	Level U: Fragile Under 21	467.88	462.76	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Leesburg Health & Rehab
715 East Dixie Avenue
Leesburg FL 32748

Provider Number: 0 252956-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.97**	**210.86**	**7/1/2011**
	Level H: AIDS	363.83	357.06	7/1/2011
	Level U: Fragile Under 21	480.08	474.39	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Springwood Care & Rehabilitation Center
4602 Northgate Court
Sarasota FL 34234

Provider Number: 0 253014-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.05**	**210.80**	**7/1/2011**
	Level H: AIDS	370.91	357.00	7/1/2011
	Level U: Fragile Under 21	487.16	474.33	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2005

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Southern Oaks Health Care
3855 Old Canoe Creek Road
St. Cloud FL 34769

Provider Number: 0 253146-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.06**	**179.22**	**7/1/2011**
	Level H: AIDS	335.92	325.42	7/1/2011
	Level U: Fragile Under 21	452.17	442.75	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Palms At Park Place
221 Park Place Blvd.
Kissimmee FL 34741

Provider Number: 0 253421-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.10**	**176.98**	**7/1/2011**
	Level H: AIDS	332.96	323.18	7/1/2011
	Level U: Fragile Under 21	449.21	440.51	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/13/1994

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No Change in Rate

Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Sunset Point Care & Rehabilitation Center
1980 Sunset Point Road
Clearwater FL 33765

Provider Number: 0 253430-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.51**	**183.27**	**7/1/2011**
	Level H: AIDS	340.37	329.47	7/1/2011
	Level U: Fragile Under 21	456.62	446.80	7/1/2011

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:

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

Changes:

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

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office:
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Reimbursement Department
101 Sun Avenue NE
Albuquerque NM 87109

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 253448-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.05**	**201.64**	**7/1/2011**
	Level H: AIDS	353.91	347.84	7/1/2011
	Level U: Fragile Under 21	470.16	465.17	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 01/01/2007

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Albuquerque NM 87109

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Medicaid Reimbursement Per Diem Rates

Surrey Place Health & Rehab Center
4100 S.W. 33rd Avenue
Ocala FL 32674

Provider Number: 0 253456-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.89**	**192.52**	**7/1/2011**
	Level H: AIDS	343.75	338.72	7/1/2011
	Level U: Fragile Under 21	460.00	456.05	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/04/1988

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

West Bay Care & Rehabilitation Center
3865 Tampa Road
Oldsmar FL 34677

Provider Number: 0 253464-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.86**	**201.78**	**7/1/2011**
	Level H: AIDS	358.72	347.98	7/1/2011
	Level U: Fragile Under 21	474.97	465.31	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1998

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 253481-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.85**	**236.67**	**7/1/2011**
	Level H: AIDS	391.71	382.87	7/1/2011
	Level U: Fragile Under 21	507.96	500.20	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/04/1990

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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400 Centre Street
Newton MA 02458

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Eden Springs Nursing and Rehab Center
4679 Crawfordville Highway
Crawfordville FL 32326

Provider Number: 0 253707-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.98**	**214.19**	**7/1/2011**
	Level H: AIDS	366.84	360.39	7/1/2011
	Level U: Fragile Under 21	483.09	477.72	7/1/2011

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:

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

Changes:

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

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Jackson Plaza Nursing & Rehab
1861 NW 8th Ave.
Miami FL 33136

Provider Number: 0 253723-00
Date: 6/24/2011
Fiscal Year End: 2/28/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.56**	**228.85**	**7/1/2011**
	Level H: AIDS	381.42	375.05	7/1/2011
	Level U: Fragile Under 21	497.67	492.38	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/26/2002

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 254177-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.02**	**194.21**	**7/1/2011**
	Level H: AIDS	349.88	340.41	7/1/2011
	Level U: Fragile Under 21	466.13	457.74	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/06/2002

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Arch Plaza Nursing & Rehabilitation Center
12505 NE 16th Avenue
North Miami FL 33161

Provider Number: 0 254291-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**252.11**	**243.00**	**7/1/2011**
	Level H: AIDS	396.97	389.20	7/1/2011
	Level U: Fragile Under 21	513.22	506.53	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1996

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Medicaid Reimbursement Per Diem Rates

Wrights Healthcare & Rehabilitation Center
11300 110th Ave. North
Seminole FL 33778

Provider Number: 0 254762-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.19**	**197.64**	**7/1/2011**
	Level H: AIDS	348.05	343.84	7/1/2011
	Level U: Fragile Under 21	464.30	461.17	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/21/2002

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Medicaid Reimbursement Per Diem Rates

EdgeWood Nursing Center
1771 Edgewood Avenue West
Jacksonville FL 32208

Provider Number: 0 254878-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**183.73**	**179.17**	**7/1/2011**
	Level H: AIDS	328.59	325.37	7/1/2011
	Level U: Fragile Under 21	444.84	442.70	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1993

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Medicaid Reimbursement Per Diem Rates

Woodlands Care Center of Alachua County
7207 SW 24th Avenue
Gainesville Fl 32607

Provider Number: 0 255572-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**172.88**	**167.31**	**7/1/2011**
	Level H: AIDS	317.74	313.51	7/1/2011
	Level U: Fragile Under 21	433.99	430.84	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/27/2002

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2

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Medicaid Reimbursement Per Diem Rates

Diamond Ridge Health & Rehabilitation Center
2730 W. Marc Knighton Court
Lecanto FL 34461

Provider Number: 0 256269-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.66**	**194.55**	**7/1/2011**
	Level H: AIDS	344.52	340.75	7/1/2011
	Level U: Fragile Under 21	460.77	458.08	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/23/1989

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Medicaid Reimbursement Per Diem Rates

Surrey Place Convalescent Center of Bradenton
5525 21st Avenue West
Bradenton FL 34209

Provider Number: 0 256277-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.50**	**222.39**	**7/1/2011**
	Level H: AIDS	376.36	368.59	7/1/2011
	Level U: Fragile Under 21	492.61	485.92	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/08/1989

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Lakeside Nursing & Rehabilitation Center
1141 Armsdale Road
Jacksonville FL 32218

Provider Number: 0 256757-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.64**	**184.15**	**7/1/2011**
	Level H: AIDS	332.50	330.35	7/1/2011
	Level U: Fragile Under 21	448.75	447.68	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/21/1998

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Medicaid Reimbursement Per Diem Rates

Lakeside Pavillion Care & Rehabilitation Center
2900 Twelfth Street
Naples FL 33940

Provider Number: 0 256846-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.41**	**197.16**	**7/1/2011**
	Level H: AIDS	357.27	343.36	7/1/2011
	Level U: Fragile Under 21	473.52	460.69	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2005

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 256935-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.19**	**200.22**	**7/1/2011**
	Level H: AIDS	352.05	346.42	7/1/2011
	Level U: Fragile Under 21	468.30	463.75	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/2002

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Medicaid Reimbursement Per Diem Rates

PG of Port St Lucie
1751 Hillmoor Drive
Port St. Lucie FL 34952

Provider Number: 0 257249-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.78**	**185.40**	**7/1/2011**
	Level H: AIDS	348.64	331.60	7/1/2011
	Level U: Fragile Under 21	464.89	448.93	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/25/1988

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Medicaid Reimbursement Per Diem Rates

PG of West Palm Beach
300 EXECUTIVE CENTER DRIVE
West Palm Beach FL 33401

Provider Number: 0 257257-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.97**	**198.82**	**7/1/2011**
	Level H: AIDS	356.83	345.02	7/1/2011
	Level U: Fragile Under 21	473.08	462.35	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/20/1988

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Medicaid Reimbursement Per Diem Rates

PG of Gainesville
227SW 62nd Boulevard
Gainesville FL 32607

Provider Number: 0 257265-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.71**	**193.22**	**7/1/2011**
	Level H: AIDS	347.57	339.42	7/1/2011
	Level U: Fragile Under 21	463.82	456.75	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1999

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Medicaid Reimbursement Per Diem Rates

PG of Jacksonville
5275 Spring Park Road
Jacksonville FL 32216

Provider Number: 0 257273-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.51**	**202.03**	**7/1/2011**
	Level H: AIDS	357.37	348.23	7/1/2011
	Level U: Fragile Under 21	473.62	465.56	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/14/1990

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Medicaid Reimbursement Per Diem Rates

PG of Ocala
2700 SW 34th Street
Ocala FL 34474

Provider Number: 0 257290-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.98**	**192.28**	**7/1/2011**
	Level H: AIDS	351.84	338.48	7/1/2011
	Level U: Fragile Under 21	468.09	455.81	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 08/01/1999

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Medicaid Reimbursement Per Diem Rates

PG of Orlando
654 East Econlockhatchee Trail
Orlando FL 32825

Provider Number: 0 257303-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.45**	**197.92**	**7/1/2011**
	Level H: AIDS	359.31	344.12	7/1/2011
	Level U: Fragile Under 21	475.56	461.45	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/21/1987

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Medicaid Reimbursement Per Diem Rates

PG of Vero Beach
1755 37th Street
Vero Beach FL 32960

Provider Number: 0 257311-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.16**	**189.78**	**7/1/2011**
	Level H: AIDS	348.02	335.98	7/1/2011
	Level U: Fragile Under 21	464.27	453.31	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/25/1987

Distribution:

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

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Medicaid Reimbursement Per Diem Rates

PG of Winter Haven
1120 Cypress Garden Boulevard
Winter Haven FL 33884

Provider Number: 0 257320-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.68**	**186.61**	**7/1/2011**
	Level H: AIDS	344.54	332.81	7/1/2011
	Level U: Fragile Under 21	460.79	450.14	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/09/1987

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Citrus Health and Rehabilitation Center
701 Medical Court East
Inverness FL 34452

Provider Number: 0 257419-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.01**	**220.89**	**7/1/2011**
	Level H: AIDS	373.87	367.09	7/1/2011
	Level U: Fragile Under 21	490.12	484.42	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/29/1994

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

PG of Clearwater
3480 McMullen Booth Road
Clearwater FL 33761

Provider Number: 0 257460-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.78**	**203.99**	**7/1/2011**
	Level H: AIDS	357.64	350.19	7/1/2011
	Level U: Fragile Under 21	473.89	467.52	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/18/1987

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Medicaid Reimbursement Per Diem Rates

PG of Largo
10500 Starkey Road
Largo FL 33777

Provider Number: 0 257478-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.73**	**210.57**	**7/1/2011**
	Level H: AIDS	370.59	356.77	7/1/2011
	Level U: Fragile Under 21	486.84	474.10	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/31/1987

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

PG of North Miami
21251 East Dixie Highway
Aventura FL 33180

Provider Number: 0 257494-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.58**	**211.73**	**7/1/2011**
	Level H: AIDS	364.44	357.93	7/1/2011
	Level U: Fragile Under 21	480.69	475.26	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/13/1988

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Medicaid Reimbursement Per Diem Rates

PG of Pinellas
200 16th Avenue SE
Largo FL 33771

Provider Number: 0 257508-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.53**	**192.98**	**7/1/2011**
	Level H: AIDS	355.39	339.18	7/1/2011
	Level U: Fragile Under 21	471.64	456.51	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/25/1991

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Medicaid Reimbursement Per Diem Rates

PG of Sun City
3850 Upper Creek Drive
Sun City Center FL 33573

Provider Number: 0 257516-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.64**	**196.38**	**7/1/2011**
	Level H: AIDS	348.50	342.58	7/1/2011
	Level U: Fragile Under 21	464.75	459.91	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 06/01/1991

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

PG of Tampa
3612 138th Avenue
Tampa FL 33613

Provider Number: 0 257524-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.21**	**205.54**	**7/1/2011**
	Level H: AIDS	358.07	351.74	7/1/2011
	Level U: Fragile Under 21	474.32	469.07	7/1/2011

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:

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

Changes:

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

X Rate Semester Change
On FRV [2] as of 07/01/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Oak Manor Healthcare and Rehabilitation Center
3500 Oak Manor Lane
Largo FL 33774

Provider Number: 0 258342-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.70**	**193.90**	**7/1/2011**
	Level H: AIDS	345.56	340.10	7/1/2011
	Level U: Fragile Under 21	461.81	457.43	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/08/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Largo FL 33774

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Medicaid Reimbursement Per Diem Rates

Indigo Manor
595 Williamson Blvd
Daytona Beach FL 32114

Provider Number: 0 258750-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.47**	**213.82**	**7/1/2011**
	Level H: AIDS	366.33	360.02	7/1/2011
	Level U: Fragile Under 21	482.58	477.35	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

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No Change in Rate

Stephen Russell
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Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Haven of Our Lady of Peace
1900 Summit Boulevard
Pensacola Fl 32503

Provider Number: 0 258831-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.97**	**203.70**	**7/1/2011**
	Level H: AIDS	356.83	349.90	7/1/2011
	Level U: Fragile Under 21	473.08	467.23	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- _____
- **X** Rate Semester Change On FRV [2] as of 11/08/2001

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Pensacola FL 32513-2700

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Inverrary
4251 Rock Island Road
Lauderhill FL 33319

Provider Number: 0 259080-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.22**	**206.65**	**7/1/2011**
	Level H: AIDS	361.08	352.85	7/1/2011
	Level U: Fragile Under 21	477.33	470.18	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/30/2003

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Medicaid Reimbursement Per Diem Rates

Lakeview Terrace Skilled Nursing Facility
110 Lodge Terrace Drive
Altoona FL 32702

Provider Number: 0 259225-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.47**	**199.95**	**7/1/2011**
	Level H: AIDS	354.33	346.15	7/1/2011
	Level U: Fragile Under 21	470.58	463.48	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/28/1987

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

UniHealth Post-Acute Care - Santa Rosa
5530 Northrop Road
Milton FL 32570

Provider Number: 0 259331-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.16**	**191.87**	**7/1/2011**
	Level H: AIDS	345.02	338.07	7/1/2011
	Level U: Fragile Under 21	461.27	455.40	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/13/2003

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of New Port Richey
7400 Trouble Creek Road
New Port Richey FL 34653

Provider Number: 0 259357-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.49**	**194.44**	**7/1/2011**
	Level H: AIDS	347.35	340.64	7/1/2011
	Level U: Fragile Under 21	463.60	457.97	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change
On FRV [2] as of 02/11/2003

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

The Nursing Center at University Village
12250 North 22nd Street
Tampa FL 33612

Provider Number: 0 259462-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.15**	**221.26**	**7/1/2011**
	Level H: AIDS	374.01	367.46	7/1/2011
	Level U: Fragile Under 21	490.26	484.79	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/09/1989

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Stephen Russell
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hamlin Place
2180 Hypoluxo Road
Lantana FL 33462

Provider Number: 0 259586-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.23**	**232.84**	**7/1/2011**
	Level H: AIDS	388.09	379.04	7/1/2011
	Level U: Fragile Under 21	504.34	496.37	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1995

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Avante at St. Cloud, Inc.
1301 Kansas Avanue
St. Cloud FL 34769

Provider Number: 0 259870-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.43**	**210.52**	**7/1/2011**
	Level H: AIDS	364.29	356.72	7/1/2011
	Level U: Fragile Under 21	480.54	474.05	7/1/2011

Rate Type :

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

Basis:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1992

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Beneva Lakes Healthcare and Rehabilitation Center
741 S. Beneva Road
Sarasota FL 34232

Provider Number: 0 259896-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.36**	**196.53**	**7/1/2011**
	Level H: AIDS	350.22	342.73	7/1/2011
	Level U: Fragile Under 21	466.47	460.06	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Central Park Healthcare and Rehabilitation Center
702 S. Kings Avenue
Brandon FL 33511

Provider Number: 0 259900-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.60**	**186.82**	**7/1/2011**
	Level H: AIDS	337.46	333.02	7/1/2011
	Level U: Fragile Under 21	453.71	450.35	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/25/1991

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Coral Bay Healthcare and Rehabilitation
2939 S. Haverhill Road
West Palm Beach FL 33415

Provider Number: 0 259918-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.21**	**199.79**	**7/1/2011**
	Level H: AIDS	352.07	345.99	7/1/2011
	Level U: Fragile Under 21	468.32	463.32	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/04/1993

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Oakbridge Healthcare Center
3110 Oakbridge Blvd., E.
Lakeland FL 33803

Provider Number: 0 259926-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.81**	**198.99**	**7/1/2011**
	Level H: AIDS	351.67	345.19	7/1/2011
	Level U: Fragile Under 21	467.92	462.52	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/02/1991

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Parks Healthcare and Rehabilitation Center
9311 S. Orange Blossom Trail
Orlando FL 32837

Provider Number: 0 259934-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.24**	**192.27**	**7/1/2011**
	Level H: AIDS	343.10	338.47	7/1/2011
	Level U: Fragile Under 21	459.35	455.80	7/1/2011

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:

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

Changes:

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

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Riverfront Nursing and Rehab Center
105 15th Street East
Bradenton FL 34208

Provider Number: 0 259942-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.43**	**208.29**	**7/1/2011**
	Level H: AIDS	362.29	354.49	7/1/2011
	Level U: Fragile Under 21	478.54	471.82	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1992

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 260355-00
Date: 6/24/2011
Fiscal Year End: 9/30/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.64**	**204.18**	**7/1/2011**
	Level H: AIDS	356.50	350.38	7/1/2011
	Level U: Fragile Under 21	472.75	467.71	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

Bridgeview Center, LLC
350 South Ridgewood Avenue
Ormond Beach FL 32174

Provider Number: 0 260371-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.88**	**212.76**	**7/1/2011**
	Level H: AIDS	364.74	358.96	7/1/2011
	Level U: Fragile Under 21	480.99	476.29	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/24/1996

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Medicaid Reimbursement Per Diem Rates

Bayview Center, LLC
301 South Bay Street
Eustis FL 32726

Provider Number: 0 260444-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.85**	**207.65**	**7/1/2011**
	Level H: AIDS	359.71	353.85	7/1/2011
	Level U: Fragile Under 21	475.96	471.18	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- _____
- **X** Rate Semester Change On FRV [2] as of 09/01/1991

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Medicaid Reimbursement Per Diem Rates

Ruleme Center, LLC
2810 Ruleme Street
Eustis FL 32726

Provider Number: 0 260452-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.13**	**211.28**	**7/1/2011**
	Level H: AIDS	363.99	357.48	7/1/2011
	Level U: Fragile Under 21	480.24	474.81	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change
	Not on FRV [1]

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Medicaid Reimbursement Per Diem Rates

Tierra Pines Center, LLC
7380 Ulmerton Road
Largo FL 33771

Provider Number: 0 260568-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.31**	**210.16**	**7/1/2011**
	Level H: AIDS	362.17	356.36	7/1/2011
	Level U: Fragile Under 21	478.42	473.69	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/24/1996

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Medicaid Reimbursement Per Diem Rates

Highlands Lake Center, LLC
4240 Lakeland Highlands Road
Lakeland FL 33813

Provider Number: 0 260576-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.04**	**213.26**	**7/1/2011**
	Level H: AIDS	365.90	359.46	7/1/2011
	Level U: Fragile Under 21	482.15	476.79	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/29/1988

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Coquina Center, LLC
170 N. Center Street
Ormond Beach FL 32074

Provider Number: 0 260649-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.59**	**216.40**	**7/1/2011**
	Level H: AIDS	365.45	362.60	7/1/2011
	Level U: Fragile Under 21	481.70	479.93	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1987

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Island Lake Center, LLC
155 Landover Place
Longwood FL 32750

Provider Number: 0 260657-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.92**	**209.22**	**7/1/2011**
	Level H: AIDS	360.78	355.42	7/1/2011
	Level U: Fragile Under 21	477.03	472.75	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 04/10/1989

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Medicaid Reimbursement Per Diem Rates

Indian River Center LLC
7201 Greensboro Drive
West Melbourne FL 32904

Provider Number: 0 260665-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.93**	**214.62**	**7/1/2011**
	Level H: AIDS	366.79	360.82	7/1/2011
	Level U: Fragile Under 21	483.04	478.15	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/29/1989

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Riverwood Center, LLC
2802 Parental Home Dr
Jacksonville FL 32216

Provider Number: 0 260673-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.24**	**202.13**	**7/1/2011**
	Level H: AIDS	356.10	348.33	7/1/2011
	Level U: Fragile Under 21	472.35	465.66	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/24/1996

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Fairway Oaks Center, LLC
13806 N. 46th Street
Tampa FL 33613

Provider Number: 0 260690-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.37**	**210.97**	**7/1/2011**
	Level H: AIDS	363.23	357.17	7/1/2011
	Level U: Fragile Under 21	479.48	474.50	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1990

Distribution:

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Permanent File
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Tampa FL 33637

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Sinai Plaza Nursing & Rehab
201 NE 112th Street
Miami FL 33161

Provider Number: 0 260771-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.48**	**229.00**	**7/1/2011**
	Level H: AIDS	382.34	375.20	7/1/2011
	Level U: Fragile Under 21	498.59	492.53	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/02/1990

Distribution:

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Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Alhambra Health & Rehab Center
7501 38th Avenue North
St. Petersburg FL 33710

Provider Number: 0 261254-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.29**	**208.53**	**7/1/2011**
	Level H: AIDS	360.15	354.73	7/1/2011
	Level U: Fragile Under 21	476.40	472.06	7/1/2011

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:

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

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 04/13/1994

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Medicaid Reimbursement Per Diem Rates

Wood Lake Nursing & Rehabilitation Center
6414 13th Road South
West Palm Beach FL 33415

Provider Number: 0 261599-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.61**	**215.49**	**7/1/2011**
	Level H: AIDS	367.47	361.69	7/1/2011
	Level U: Fragile Under 21	483.72	479.02	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/11/1988

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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 261611-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.16**	**201.99**	**7/1/2011**
	Level H: AIDS	352.02	348.19	7/1/2011
	Level U: Fragile Under 21	468.27	465.52	7/1/2011

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:

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

Changes:

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

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Avalon Health Care Center
1270 SW Main Blvd
Lake City FL 32025

Provider Number: 0 261629-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.94**	**179.74**	**7/1/2011**
	Level H: AIDS	330.80	325.94	7/1/2011
	Level U: Fragile Under 21	447.05	443.27	7/1/2011

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:

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

Changes:

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

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Medicaid Reimbursement Per Diem Rates

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

Provider Number: 0 261637-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.65**	**199.45**	**7/1/2011**
	Level H: AIDS	351.51	345.65	7/1/2011
	Level U: Fragile Under 21	467.76	462.98	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1987

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Medicaid Reimbursement Per Diem Rates

Hawthorne Health & Rehab Center
851 West Lumsden Road
Brandon FL 33511

Provider Number: 0 261670-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.31**	**185.71**	**7/1/2011**
	Level H: AIDS	337.17	331.91	7/1/2011
	Level U: Fragile Under 21	453.42	449.24	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/27/1995

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Medicaid Reimbursement Per Diem Rates

Atlantic Shores Nursing and Rehab
4251 Stack Blvd.
Melbourne FL 32901

Provider Number: 0 263389-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.72**	**204.35**	**7/1/2011**
	Level H: AIDS	356.58	350.55	7/1/2011
	Level U: Fragile Under 21	472.83	467.88	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/08/1995

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Medicaid Reimbursement Per Diem Rates

Bonifay Nursing and Rehab
306 West Brock Avenue
Bonifay FL 32425

Provider Number: 0 263443-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**179.10**	**179.11**	**7/1/2011**
	Level H: AIDS	323.96	325.31	7/1/2011
	Level U: Fragile Under 21	440.21	442.64	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/2003

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Medicaid Reimbursement Per Diem Rates

Riviera Palms Nursing and Rehab
926 Haben Blvd.
Palmetto FL 34221

Provider Number: 0 263451-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.65**	**205.86**	**7/1/2011**
	Level H: AIDS	356.51	352.06	7/1/2011
	Level U: Fragile Under 21	472.76	469.39	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/07/1988

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Medicaid Reimbursement Per Diem Rates

Boynton Beach Rehabilitation Center
9600 Lawrence Road
Boynton Beach FL 33436

Provider Number: 0 263460-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.37**	**210.76**	**7/1/2011**
	Level H: AIDS	364.23	356.96	7/1/2011
	Level U: Fragile Under 21	480.48	474.29	7/1/2011

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:

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

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1998

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Medicaid Reimbursement Per Diem Rates

Arbor Trail Nursing and Rehab
611 Turner Camp Road
Inverness FL 34453

Provider Number: 0 263478-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.94**	**192.66**	**7/1/2011**
	Level H: AIDS	344.80	338.86	7/1/2011
	Level U: Fragile Under 21	461.05	456.19	7/1/2011

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:

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

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 07/17/1987

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- _____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Pinellas Point Nursing and Rehab
5601 31st Street North
St. Petersburg FL 33712

Provider Number: 0 263486-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.23**	**218.13**	**7/1/2011**
	Level H: AIDS	371.09	364.33	7/1/2011
	Level U: Fragile Under 21	487.34	481.66	7/1/2011

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:

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

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change

X Rate Semester Change
On FRV [2] as of 03/08/1995

Distribution:

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Medicaid Reimbursement Per Diem Rates

Jacksonville Nursing and Rehab
4134 Dunn Ave.
Jacksonville FL 32218

Provider Number: 0 263494-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.40**	**202.07**	**7/1/2011**
	Level H: AIDS	354.26	348.27	7/1/2011
	Level U: Fragile Under 21	470.51	465.60	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/31/1990

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Medicaid Reimbursement Per Diem Rates

Port Orange Nursing and Rehab
5600 Victory Gardens Blvd.
Port Orange FL 32127

Provider Number: 0 263508-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.07**	**208.41**	**7/1/2011**
	Level H: AIDS	360.93	354.61	7/1/2011
	Level U: Fragile Under 21	477.18	471.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/09/1992

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Medicaid Reimbursement Per Diem Rates

Macclenny Nursing and Rehab
755 South 5th Street
MacClenny FL 32063

Provider Number: 0 263516-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.35**	**192.27**	**7/1/2011**
	Level H: AIDS	339.21	338.47	7/1/2011
	Level U: Fragile Under 21	455.46	455.80	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/27/1990

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Medicaid Reimbursement Per Diem Rates

Medicana Nursing and Rehab
1710 Lake Worth Road
Lake Worth FL 33460

Provider Number: 0 263524-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.40**	**207.77**	**7/1/2011**
	Level H: AIDS	360.26	353.97	7/1/2011
	Level U: Fragile Under 21	476.51	471.30	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 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: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.32**	**203.82**	**7/1/2011**
	Level H: AIDS	356.18	350.02	7/1/2011
	Level U: Fragile Under 21	472.43	467.35	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/06/1993

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Metrowest Nursing and Rehab
5900 West Gate Drive
Orlando FL 32835

Provider Number: 0 263541-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.78**	**209.11**	**7/1/2011**
	Level H: AIDS	358.64	355.31	7/1/2011
	Level U: Fragile Under 21	474.89	472.64	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/21/1994

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Medicaid Reimbursement Per Diem Rates

Moultrie Creek Nursing and Rehab
200 Mariner Health Way
St. Augustine FL 32086

Provider Number: 0 263559-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.50**	**195.21**	**7/1/2011**
	Level H: AIDS	347.36	341.41	7/1/2011
	Level U: Fragile Under 21	463.61	458.74	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1996

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Medicaid Reimbursement Per Diem Rates

Orange City Nursing and Rehab
2810 Enterprise Road
DeBary FL 32713

Provider Number: 0 263567-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.84**	**199.30**	**7/1/2011**
	Level H: AIDS	349.70	345.50	7/1/2011
	Level U: Fragile Under 21	465.95	462.83	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/26/1991

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Medicaid Reimbursement Per Diem Rates

Bayshore Pointe Nursing and Rehab
3117 West Gandy Blvd.
Tampa FL 33611

Provider Number: 0 263575-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.29**	**196.31**	**7/1/2011**
	Level H: AIDS	348.15	342.51	7/1/2011
	Level U: Fragile Under 21	464.40	459.84	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1986

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Medicaid Reimbursement Per Diem Rates

Royal Oaks Nursing and Rehab
2225 Knox McRae Drive
Titusville FL 32780

Provider Number: 0 263583-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.12**	**199.25**	**7/1/2011**
	Level H: AIDS	350.98	345.45	7/1/2011
	Level U: Fragile Under 21	467.23	462.78	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/09/1993

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Medicaid Reimbursement Per Diem Rates

Tuskawilla Nursing and Rehab
1024 Willa Springs Drive
Winter Springs FL 32708

Provider Number: 0 263591-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.39**	**201.12**	**7/1/2011**
	Level H: AIDS	350.25	347.32	7/1/2011
	Level U: Fragile Under 21	466.50	464.65	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/07/1994

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Medicaid Reimbursement Per Diem Rates

Hunter's Creek Nursing and Rehab
14155 Town Loop Bovd.
Orlando FL 32837

Provider Number: 0 263605-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.33**	**219.33**	**7/1/2011**
	Level H: AIDS	371.19	365.53	7/1/2011
	Level U: Fragile Under 21	487.44	482.86	7/1/2011

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:

- _____ Budget
- **X** Unaudited costs
- _____ Field audited costs
- _____ Field audit - interim portion
- _____ Desk audited costs
- _____ Desk audit - Interim Portion
- _____ Desk Audit - Prospective portion

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 05/26/1998

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Medicaid Reimbursement Per Diem Rates

Boulevard Manor Nursing and Rehab
2839 South Seacrest Boulevard
Boynton Beach FL 33435

Provider Number: 0 263613-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.47**	**196.40**	**7/1/2011**
	Level H: AIDS	348.33	342.60	7/1/2011
	Level U: Fragile Under 21	464.58	459.93	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/29/1988

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Medicaid Reimbursement Per Diem Rates

Palm City Nursing and Rehab
2505 SW Martin Highway
Palm City FL 34990

Provider Number: 0 263621-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.39**	**204.36**	**7/1/2011**
	Level H: AIDS	352.25	350.56	7/1/2011
	Level U: Fragile Under 21	468.50	467.89	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/19/1993

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Medicaid Reimbursement Per Diem Rates

Bay Pointe Nursing Pavillion
4201 31st Street South
St. Petersburg FL 33712

Provider Number: 0 263834-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.34**	**192.39**	**7/1/2011**
	Level H: AIDS	343.20	338.59	7/1/2011
	Level U: Fragile Under 21	459.45	455.92	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1991

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Medicaid Reimbursement Per Diem Rates

Boca Raton Rehabilitation Center
755 Meadows Road
Boca Raton FL 33486

Provider Number: 0 263842-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.53**	**185.09**	**7/1/2011**
	Level H: AIDS	336.39	331.29	7/1/2011
	Level U: Fragile Under 21	452.64	448.62	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

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Medicaid Reimbursement Per Diem Rates

Rehabilitation and Nursing Center of Broward
401 East Sample Road
Pompano Beach FL 33064

Provider Number: 0 263851-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.38**	**212.46**	**7/1/2011**
	Level H: AIDS	364.24	358.66	7/1/2011
	Level U: Fragile Under 21	480.49	475.99	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/26/1988

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Medicaid Reimbursement Per Diem Rates

Rehabilitation and Health Care Center of Cape Cora
2629 Del Prado Blvd
Cape Coral FL 33904

Provider Number: 0 263869-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.16**	**189.39**	**7/1/2011**
	Level H: AIDS	341.02	335.59	7/1/2011
	Level U: Fragile Under 21	457.27	452.92	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1985

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Medicaid Reimbursement Per Diem Rates

Carrollwood Care Center
15002 Hutchinson Road
Tampa FL 33625

Provider Number: 0 263877-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.34**	**184.29**	**7/1/2011**
	Level H: AIDS	335.20	330.49	7/1/2011
	Level U: Fragile Under 21	451.45	447.82	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Casa Mora Rehabilitation and Extended Care
1902 59th St West
Bradenton FL 34209

Provider Number: 0 263885-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.45**	**196.25**	**7/1/2011**
	Level H: AIDS	342.31	342.45	7/1/2011
	Level U: Fragile Under 21	458.56	459.78	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1997

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Medicaid Reimbursement Per Diem Rates

Evergreen Woods
7045 Evergreen Woods Trail
Springhill FL 34608

Provider Number: 0 263893-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.00**	**183.37**	**7/1/2011**
	Level H: AIDS	333.86	329.57	7/1/2011
	Level U: Fragile Under 21	450.11	446.90	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1989

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Medicaid Reimbursement Per Diem Rates

Highland Pines Rehabilitation Center
1111 South Highland Ave
Clearwater FL 33756

Provider Number: 0 263907-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.92**	**186.51**	**7/1/2011**
	Level H: AIDS	337.78	332.71	7/1/2011
	Level U: Fragile Under 21	454.03	450.04	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Rehabilitation Center of Palm Beaches
301 Northpoint Parkway
West Palm Beach FL 33407

Provider Number: 0 263915-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.85**	**195.87**	**7/1/2011**
	Level H: AIDS	347.71	342.07	7/1/2011
	Level U: Fragile Under 21	463.96	459.40	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Pompano Health and Rehabilitation Center
51 West Sample Road
Pompano Beach FL 33064

Provider Number: 0 263923-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.40**	**200.44**	**7/1/2011**
	Level H: AIDS	350.26	346.64	7/1/2011
	Level U: Fragile Under 21	466.51	463.97	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1990

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Medicaid Reimbursement Per Diem Rates

Healthcare and Rehabilitation Center of Sanford
950 Mellonville Avenue
Sanford FL 32771

Provider Number: 0 263931-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**182.03**	**177.99**	**7/1/2011**
	Level H: AIDS	326.89	324.19	7/1/2011
	Level U: Fragile Under 21	443.14	441.52	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Rehabilitation and Healthcare of Tampa
4411 North Habana Ave.
Tampa FL 33614

Provider Number: 0 263940-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.78**	**182.67**	**7/1/2011**
	Level H: AIDS	333.64	328.87	7/1/2011
	Level U: Fragile Under 21	449.89	446.20	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

The Abbey Rehabilitation and Nursing Center
7101 9th St. North
St. Petersburg FL 33702

Provider Number: 0 263958-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.28**	**196.13**	**7/1/2011**
	Level H: AIDS	347.14	342.33	7/1/2011
	Level U: Fragile Under 21	463.39	459.66	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

The Oaks at Avon
1010 US 27 N
Avon Park FL 33825

Provider Number: 0 263966-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.56**	**192.02**	**7/1/2011**
	Level H: AIDS	343.42	338.22	7/1/2011
	Level U: Fragile Under 21	459.67	455.55	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/05/1993

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Medicaid Reimbursement Per Diem Rates

Titusville Rehabilitation and Nursing Center
1705 Jess Parrish Court
Titusville FL 32796

Provider Number: 0 263974-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.13**	**192.75**	**7/1/2011**
	Level H: AIDS	343.99	338.95	7/1/2011
	Level U: Fragile Under 21	460.24	456.28	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Sarasota Health and Rehabilitation Center
1524 East Avenue S
Sarasota FL 34239

Provider Number: 0 263982-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.21**	**208.05**	**7/1/2011**
	Level H: AIDS	346.07	354.25	7/1/2011
	Level U: Fragile Under 21	462.32	471.58	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

Windsor Woods Rehabilitation and Healthcare Center
13719 Dallas Drive
Hudson FL 34667

Provider Number: 0 263991-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**184.65**	**186.33**	**7/1/2011**
	Level H: AIDS	329.51	332.53	7/1/2011
	Level U: Fragile Under 21	445.76	449.86	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1993

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Medicaid Reimbursement Per Diem Rates

Winkler Court
3250 Winkler Ave
Fort Myers FL 33916

Provider Number: 0 264008-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.19**	**194.35**	**7/1/2011**
	Level H: AIDS	346.05	340.55	7/1/2011
	Level U: Fragile Under 21	462.30	457.88	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/12/1995

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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Blountstown Health and Rehabilitation Center
16690 S.W. Chipola Road
Blountstown FL 32424

Provider Number: 0 264067-00
Date: 6/24/2011
Fiscal Year End: 10/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.34**	**187.06**	**7/1/2011**
	Level H: AIDS	339.20	333.26	7/1/2011
	Level U: Fragile Under 21	455.45	450.59	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1996

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Stephen Russell
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Stephen Russell

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1978 8th Avenue NW, PO Box 1667
Hickory NY 28601

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Medicaid Reimbursement Per Diem Rates

Lafayette Healthcare Center
512 West Main Sreet
Mayo FL 32066

Provider Number: 0 264482-00
Date: 6/24/2011
Fiscal Year End: 10/31/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.73**	**186.37**	**7/1/2011**
	Level H: AIDS	337.59	332.57	7/1/2011
	Level U: Fragile Under 21	453.84	449.90	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/15/1997

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Medicaid Reimbursement Per Diem Rates

Clifford Chester Sims State Veterans Nursing Home
4419 Tram Road
Springfield FL 32404

Provider Number: 0 264491-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.92**	**198.06**	**7/1/2011**
	Level H: AIDS	360.78	344.26	7/1/2011
	Level U: Fragile Under 21	477.03	461.59	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/05/2003

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Largo Fl 33778-1630

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Medicaid Reimbursement Per Diem Rates

Conway Lakes Nursing Center
5201 Curry Ford Road
Orlando FL 32812

Provider Number: 0 264512-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.24**	**209.48**	**7/1/2011**
	Level H: AIDS	362.10	355.68	7/1/2011
	Level U: Fragile Under 21	478.35	473.01	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/23/1991

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Atlanta GA 30327

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Medicaid Reimbursement Per Diem Rates

Belleair East Health Care Center
1150 PONCE DE LEON BLVD
Clearwater FL 33756

Provider Number: 0 264521-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.05**	**204.09**	**7/1/2011**
	Level H: AIDS	355.91	350.29	7/1/2011
	Level U: Fragile Under 21	472.16	467.62	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Medicaid Reimbursement Per Diem Rates

East Bay Rehabilitation Center
4470 East Bay Drive
Clearwater FL 33764

Provider Number: 0 264539-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.43**	**202.40**	**7/1/2011**
	Level H: AIDS	358.29	348.60	7/1/2011
	Level U: Fragile Under 21	474.54	465.93	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/26/1990

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Medicaid Reimbursement Per Diem Rates

MELBOURNE TERRACE RESTORATIVE CARE CE
251 Florida Ave
Melbourne FL 32901

Provider Number: 0 264547-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.31**	**210.86**	**7/1/2011**
	Level H: AIDS	363.17	357.06	7/1/2011
	Level U: Fragile Under 21	479.42	474.39	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/09/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Centre Point Health and Rehab Center
2255 Centerville Road
Tallahassee FL 32308

Provider Number: 0 264563-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.79**	**200.04**	**7/1/2011**
	Level H: AIDS	352.65	346.24	7/1/2011
	Level U: Fragile Under 21	468.90	463.57	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/25/1987

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Medicaid Reimbursement Per Diem Rates

SPRING LAKE NURSING CENTER
1540 Sixth Street, NW
Winter Haven FL 33881

Provider Number: 0 264571-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.38**	**210.90**	**7/1/2011**
	Level H: AIDS	364.24	357.10	7/1/2011
	Level U: Fragile Under 21	480.49	474.43	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 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
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.70**	**206.49**	**7/1/2011**
	Level H: AIDS	359.56	352.69	7/1/2011
	Level U: Fragile Under 21	475.81	470.02	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/23/2003

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Valencia Hills Health and Rehabilitation Center
1350 Sleepy Hill Road
Lakeland FL 33810

Provider Number: 0 265560-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.40**	**185.01**	**7/1/2011**
	Level H: AIDS	338.26	331.21	7/1/2011
	Level U: Fragile Under 21	454.51	448.54	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1994

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Medicaid Reimbursement Per Diem Rates

Summer Brook Health Care Center
5377 Moncrief Road
Jacksonville FL 32209

Provider Number: 0 265721-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**168.81**	**161.70**	**7/1/2011**
	Level H: AIDS	313.67	307.90	7/1/2011
	Level U: Fragile Under 21	429.92	425.23	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Hialeah Convalescent Center
190 W. 28th Street
Hialeah FL 33010

Provider Number: 0 265730-00
Date: 6/24/2011
Fiscal Year End: 3/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**181.63**	**184.22**	**7/1/2011**
	Level H: AIDS	326.49	330.42	7/1/2011
	Level U: Fragile Under 21	442.74	447.75	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1991

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Ocala
2800 SW 41st Street
Ocala FL 34474

Provider Number: 0 266108-00
Date: 6/24/2011
Fiscal Year End: 1/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.68**	**206.38**	**7/1/2011**
	Level H: AIDS	356.54	352.58	7/1/2011
	Level U: Fragile Under 21	472.79	469.91	7/1/2011

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:

_ Budget
X Unaudited costs
_ Field audited costs
_ Field audit - interim portion
_ Desk audited costs
_ Desk audit - Interim Portion
_ Desk Audit - Prospective portion

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change
_
X Rate Semester Change On FRV [2] as of 10/01/1998

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Medicaid Reimbursement Per Diem Rates

Oasis Health and Rehabilitation Center
1201 12th Avenue South
Lake Worth FL 33460

Provider Number: 0 266124-00
Date: 6/24/2011
Fiscal Year End: 3/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.61**	**218.79**	**7/1/2011**
	Level H: AIDS	371.47	364.99	7/1/2011
	Level U: Fragile Under 21	487.72	482.32	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/2002

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Medicaid Reimbursement Per Diem Rates

Southpoint Terrace
4325 Southpoint Boulevard
Jacksonville FL 32216

Provider Number: 0 266281-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**178.92**	**172.94**	**7/1/2011**
	Level H: AIDS	323.78	319.14	7/1/2011
	Level U: Fragile Under 21	440.03	436.47	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/20/2004

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Medicaid Reimbursement Per Diem Rates

Whispering Oaks
1514 Chelsea St
Tampa FL 33610

Provider Number: 0 266612-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**159.12**	**152.72**	**7/1/2011**
	Level H: AIDS	303.98	298.92	7/1/2011
	Level U: Fragile Under 21	420.23	416.25	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/1989

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Springs At Boca Ciega Bay
1255 Pasadena Avenue S.
St. Petersburg FL 33707

Provider Number: 0 267724-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.69**	**210.23**	**7/1/2011**
	Level H: AIDS	361.55	356.43	7/1/2011
	Level U: Fragile Under 21	477.80	473.76	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1987

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Medicaid Reimbursement Per Diem Rates

The Nursing Center At Mercy
3671 South Miami Avenue
Miami FL 33133

Provider Number: 0 267902-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.77**	**182.71**	**7/1/2011**
	Level H: AIDS	335.63	328.91	7/1/2011
	Level U: Fragile Under 21	451.88	446.24	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 12/04/1994

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Medicaid Reimbursement Per Diem Rates

Lanier Manor
12740 Lanier Road
Jacksonville FL 32226

Provider Number: 0 268003-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.26**	**186.83**	**7/1/2011**
	Level H: AIDS	338.12	333.03	7/1/2011
	Level U: Fragile Under 21	454.37	450.36	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/2001

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Susanna Wesley Health Center
5300 West 16th Ave
Hialeah FL 33012

Provider Number: 0 268062-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.93**	**222.27**	**7/1/2011**
	Level H: AIDS	365.79	368.47	7/1/2011
	Level U: Fragile Under 21	482.04	485.80	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/30/2001

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Palm Bay
175 Villanueva Road
Palm Bay FL 32907

Provider Number: 0 268186-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.06**	**199.18**	**7/1/2011**
	Level H: AIDS	351.92	345.38	7/1/2011
	Level U: Fragile Under 21	468.17	462.71	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/28/2004

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Medicaid Reimbursement Per Diem Rates

HarborChase of Naples
7801 AIRPORT PULLING ROAD
Naples FL 34109

Provider Number: 0 268585-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.45**	**208.10**	**7/1/2011**
	Level H: AIDS	355.31	354.30	7/1/2011
	Level U: Fragile Under 21	471.56	471.63	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/16/1998

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No Change in Rate

Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Abbiejean Russell Care Center
700 South 29th Street
Ft. Pierce FL 34947

Provider Number: 0 268755-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.80**	**222.73**	**7/1/2011**
	Level H: AIDS	366.66	368.93	7/1/2011
	Level U: Fragile Under 21	482.91	486.26	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

Distribution:

Contract Management / Fiscal Agent
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For information Only
No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Good Samaritan Center
10676 Marvin Jones Boulevard
Live Oak FL 32060

Provider Number: 0 268763-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.88**	**185.75**	**7/1/2011**
	Level H: AIDS	339.74	331.95	7/1/2011
	Level U: Fragile Under 21	455.99	449.28	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Springs at Lake Pointe Woods
3280 Lake Pointe Drive
Sarasota FL 34238

Provider Number: 0 268780-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.31**	**218.34**	**7/1/2011**
	Level H: AIDS	371.17	364.54	7/1/2011
	Level U: Fragile Under 21	487.42	481.87	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee FL 32308

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Medicaid Reimbursement Per Diem Rates

Majestic Oaks Nursing Home
901 Veterans Memorial Parkway
Orange City Fl 32763

Provider Number: 0 269000-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.92**	**192.70**	**7/1/2011**
	Level H: AIDS	343.78	338.90	7/1/2011
	Level U: Fragile Under 21	460.03	456.23	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/21/2003

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Harmony Health Center
9820 N. Kendall Drive
Miami Fl 33176

Provider Number: 0 269107-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.96**	**183.20**	**7/1/2011**
	Level H: AIDS	333.82	329.40	7/1/2011
	Level U: Fragile Under 21	450.07	446.73	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 11/13/2000

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Daytona Beach FL 32114

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Medicaid Reimbursement Per Diem Rates

The Crossings
4445 Pine Forest Dr.
Lake Worth FL 33463

Provider Number: 0 269395-00
Date: 6/24/2011
Fiscal Year End: 7/31/2006
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.59**	**247.08**	**7/1/2011**
	Level H: AIDS	388.45	393.28	7/1/2011
	Level U: Fragile Under 21	504.70	510.61	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1988

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Dania FL 33004

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Medicaid Reimbursement Per Diem Rates

The Crossroads
206 West Orange Street
Davenport FL 33837

Provider Number: 0 269409-00
Date: 6/24/2011
Fiscal Year End: 7/31/2006
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.13**	**226.77**	**7/1/2011**
	Level H: AIDS	370.99	372.97	7/1/2011
	Level U: Fragile Under 21	487.24	490.30	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1988

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Medicaid Reimbursement Per Diem Rates

Douglas Jacobson State Veterans Nursing Home
21281 Grayston Terrance
Port Charlotte FL 33954

Provider Number: 0 269492-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.77**	**208.19**	**7/1/2011**
	Level H: AIDS	377.63	354.39	7/1/2011
	Level U: Fragile Under 21	493.88	471.72	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/07/2004

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Regents Park of Sunrise
9711 West Oakland Park Blvd
Sunrise FL 33351

Provider Number: 0 269697-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.56**	**201.92**	**7/1/2011**
	Level H: AIDS	354.42	348.12	7/1/2011
	Level U: Fragile Under 21	470.67	465.45	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/06/1989

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Regents Park of Winter Park
558 Semoran Blvd
Winter Park FL 32792

Provider Number: 0 269719-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.71**	**195.73**	**7/1/2011**
	Level H: AIDS	347.57	341.93	7/1/2011
	Level U: Fragile Under 21	463.82	459.26	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/23/1988

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Regents Park of Jacksonville
8700 AC Skinner Parkway
Jacksonville FL 32256

Provider Number: 0 269727-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.74**	**187.22**	**7/1/2011**
	Level H: AIDS	338.60	333.42	7/1/2011
	Level U: Fragile Under 21	454.85	450.75	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/31/1994

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Jacaranda Manor
4250 66th Street North
St. Petersburg FL 33709

Provider Number: 0 281743-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**173.38**	**165.71**	**7/1/2011**
	Level H: AIDS	318.24	311.91	7/1/2011
	Level U: Fragile Under 21	434.49	429.24	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
Grace Healthcare, Inc
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Medicaid Reimbursement Per Diem Rates

Pasadena Manor
1430 Pasadena Avenue South
South Pasadena FL 33707

Provider Number: 0 281891-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.97**	**193.41**	**7/1/2011**
	Level H: AIDS	344.83	339.61	7/1/2011
	Level U: Fragile Under 21	461.08	456.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Community Care Center
2202 West Oak Avenue
Plant City FL 33563

Provider Number: 0 281913-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.69**	**190.05**	**7/1/2011**
	Level H: AIDS	341.55	336.25	7/1/2011
	Level U: Fragile Under 21	457.80	453.58	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

West Gables Health Care Center
2525 SW 75th Avenue
Miami FL 33155

Provider Number: 0 282359-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.56**	**222.52**	**7/1/2011**
	Level H: AIDS	375.42	368.72	7/1/2011
	Level U: Fragile Under 21	491.67	486.05	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/06/1988

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ridgecrest Nursing & Rehabilitation Center
1200 North Stone Street
Deland FL 32720

Provider Number: 0 282464-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.85**	**200.81**	**7/1/2011**
	Level H: AIDS	352.71	347.01	7/1/2011
	Level U: Fragile Under 21	468.96	464.34	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/03/2004

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Coral Reef Nursing and Rehabilitation Center
9869 S.W. 152nd Street
Miami FL 33157

Provider Number: 0 282529-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.14**	**228.41**	**7/1/2011**
	Level H: AIDS	382.00	374.61	7/1/2011
	Level U: Fragile Under 21	498.25	491.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1996

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Palm Terrace of St. Petersburg
521 69th Avenue North
St. Petersburg Fl 33702

Provider Number: 0 282537-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.52**	**223.34**	**7/1/2011**
	Level H: AIDS	378.38	369.54	7/1/2011
	Level U: Fragile Under 21	494.63	486.87	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1997

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

The Terrace at Daytona Beach
1704 Huntington Village Circle
Daytona Beach FL 32114

Provider Number: 0 282553-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**176.18**	**167.41**	**7/1/2011**
	Level H: AIDS	321.04	313.61	7/1/2011
	Level U: Fragile Under 21	437.29	430.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/29/1998

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Palm Terrace of Clewiston
301 South Gloria Street
Clewiston FL 33440

Provider Number: 0 282618-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.38**	**214.44**	**7/1/2011**
	Level H: AIDS	367.24	360.64	7/1/2011
	Level U: Fragile Under 21	483.49	477.97	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1990

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Palm Terrace of Lakeland
1919 Lakeland Hills Blvd
Lakeland FL 33805

Provider Number: 0 282626-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.09**	**207.55**	**7/1/2011**
	Level H: AIDS	362.95	353.75	7/1/2011
	Level U: Fragile Under 21	479.20	471.08	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Jacksonville
4813 Lenoir Avenue
Jacksonville FL 32216

Provider Number: 0 283193-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.02**	**208.52**	**7/1/2011**
	Level H: AIDS	362.88	354.72	7/1/2011
	Level U: Fragile Under 21	479.13	472.05	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/04/2005

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Life Care Center of Orange Park
2145 Kingsley Avenue
Orange Park FL 32073

Provider Number: 0 284289-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**179.06**	**172.77**	**7/1/2011**
	Level H: AIDS	323.92	318.97	7/1/2011
	Level U: Fragile Under 21	440.17	436.30	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/19/1996

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

The Terrace at Flemming Island
1125 Fleming Plantation Road
Orange Park FL 32003

Provider Number: 0 284785-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**181.63**	**171.81**	**7/1/2011**
	Level H: AIDS	326.49	318.01	7/1/2011
	Level U: Fragile Under 21	442.74	435.34	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/11/2005

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Brighton Gardens of Tampa
14624 North Dale Mabry Highway
Tampa FL 33618

Provider Number: 0 284793-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.47**	**208.41**	**7/1/2011**
	Level H: AIDS	363.33	354.61	7/1/2011
	Level U: Fragile Under 21	479.58	471.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/23/1999

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Aventura Plaza Rehabilitation and Nursing Center
1800 NE 168TH Street
N. Miami Beach FL 33162

Provider Number: 0 284823-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**256.78**	**246.34**	**7/1/2011**
	Level H: AIDS	401.64	392.54	7/1/2011
	Level U: Fragile Under 21	517.89	509.87	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Cypress Village
4600 Middleton Park, Circle East
Jacksonville FL 32224

Provider Number: 0 307998-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.86**	**202.74**	**7/1/2011**
	Level H: AIDS	357.72	348.94	7/1/2011
	Level U: Fragile Under 21	473.97	466.27	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/14/1991

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Baya Pointe Nursing and Rehabilitation Center
587 S.E. ERMINE AVE
Lake City FL 32025

Provider Number: 0 308111-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.79**	**192.29**	**7/1/2011**
	Level H: AIDS	344.65	338.49	7/1/2011
	Level U: Fragile Under 21	460.90	455.82	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/25/1994

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No Change in Rate

Stephen Russell
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Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hebrew Home of South Beach
320 Collins Ave.
Miami Beach FL 33139

Provider Number: 0 308242-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.30**	**224.22**	**7/1/2011**
	Level H: AIDS	377.16	370.42	7/1/2011
	Level U: Fragile Under 21	493.41	487.75	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 10/01/1985

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Miami Beach FL 33162

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Ponce Plaza Nursing & Rehab Center
355 SW 12th Avenue
Miami FL 33135

Provider Number: 0 308251-00
Date: 6/24/2011
Fiscal Year End: 1/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.88**	**222.53**	**7/1/2011**
	Level H: AIDS	375.74	368.73	7/1/2011
	Level U: Fragile Under 21	491.99	486.06	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/21/2000

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Sunset Lake Health & Rehab Center
832 Sunset Lake Blvd
Venice FL 34292

Provider Number: 0 308501-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.95**	**223.94**	**7/1/2011**
	Level H: AIDS	377.81	370.14	7/1/2011
	Level U: Fragile Under 21	494.06	487.47	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/17/1992

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

The Allegro at College Harbor
4600 54th Avenue South
St. Petersburg Fl 33711

Provider Number: 0 309800-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.63**	**223.09**	**7/1/2011**
	Level H: AIDS	375.49	369.29	7/1/2011
	Level U: Fragile Under 21	491.74	486.62	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/20/1999

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

1

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Medicaid Reimbursement Per Diem Rates

Watercrest Care Center
16650 West Dixie Hwy
North Miami Beach FL 33160

Provider Number: 0 310409-00
Date: 6/24/2011
Fiscal Year End: 3/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.07**	**206.67**	**7/1/2011**
	Level H: AIDS	356.93	352.87	7/1/2011
	Level U: Fragile Under 21	473.18	470.20	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1999

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER
3663 15th Avenue
Vero Beach FL 32960

Provider Number: 0 310581-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.41**	**194.26**	**7/1/2011**
	Level H: AIDS	352.27	340.46	7/1/2011
	Level U: Fragile Under 21	468.52	457.79	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/2004

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

St. Mark Village, Inc.
2655 Nebraska Avenue
Palm Harbor FL 34684

Provider Number: 0 310841-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.67**	**203.15**	**7/1/2011**
	Level H: AIDS	357.53	349.35	7/1/2011
	Level U: Fragile Under 21	473.78	466.68	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/15/2005

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Eagle Lake Rehabilitation and Care Center
1100 66th Street North
St. Petersburg FL 33710

Provider Number: 0 311065-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.33**	**210.70**	**7/1/2011**
	Level H: AIDS	363.19	356.90	7/1/2011
	Level U: Fragile Under 21	479.44	474.23	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1987

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

South Pointe Plaza
42 Collins Avenue
Miami Beach FL 33139

Provider Number: 0 311308-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.81**	**212.74**	**7/1/2011**
	Level H: AIDS	368.67	358.94	7/1/2011
	Level U: Fragile Under 21	484.92	476.27	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1997

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Punta Gorda
450 Shreve Street
Punta Gorda FL 33950

Provider Number: 0 311685-00
Date: 6/24/2011
Fiscal Year End: 2/28/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.79**	**222.65**	**7/1/2011**
	Level H: AIDS	362.65	368.85	7/1/2011
	Level U: Fragile Under 21	478.90	486.18	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/29/2005

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

SandalWood Nursing Center
1001 South Beach Street
Daytona Beach FL 32114

Provider Number: 0 312045-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.13**	**198.71**	**7/1/2011**
	Level H: AIDS	339.99	344.91	7/1/2011
	Level U: Fragile Under 21	456.24	462.24	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 08/01/1999

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Medicaid Reimbursement Per Diem Rates

LakeWood Nursing Center
100 North Lake Street
Crescent City FL 32112

Provider Number: 0 312142-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**173.91**	**179.21**	**7/1/2011**
	Level H: AIDS	318.77	325.41	7/1/2011
	Level U: Fragile Under 21	435.02	442.74	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/15/2001

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Cross City Rehabilitation and Health Center
583 N.E. Highway 351
Cross City FL 32628

Provider Number: 0 312151-00
Date: 6/24/2011
Fiscal Year End: 9/30/2008
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.22**	**189.60**	**7/1/2011**
	Level H: AIDS	341.08	335.80	7/1/2011
	Level U: Fragile Under 21	457.33	453.13	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1999

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

CrestWood Nursing Center
501 South Palm Avenue
Palatka FL 32177

Provider Number: 0 312274-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**158.63**	**174.72**	**7/1/2011**
	Level H: AIDS	303.49	320.92	7/1/2011
	Level U: Fragile Under 21	419.74	438.25	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/15/2001

Distribution:

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Medicaid Reimbursement Per Diem Rates

Savannah Cove of the Palm Beaches
2090 North Congress Avenue
West Palm Beach FL 33401

Provider Number: 0 312312-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.97**	**216.81**	**7/1/2011**
	Level H: AIDS	369.83	363.01	7/1/2011
	Level U: Fragile Under 21	486.08	480.34	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/26/1995

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No Change in Rate

Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Southlake Nursing and Rehabilitation Center
10680 Old St. Augustine Road
Jacksonville FL 32257

Provider Number: 0 312371-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.88**	**217.94**	**7/1/2011**
	Level H: AIDS	370.74	364.14	7/1/2011
	Level U: Fragile Under 21	486.99	481.47	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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No Change in Rate

Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Savannah Cove of Maitland
1301 W. Maitland Blvd
Maitland FL 32751

Provider Number: 0 312550-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.14**	**192.56**	**7/1/2011**
	Level H: AIDS	347.00	338.76	7/1/2011
	Level U: Fragile Under 21	463.25	456.09	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/16/1995

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Children's Comprehensive Care Center
200 S.E. 19th Avenue
Pompano Beach FL 33060

Provider Number: 0 312789-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.49**	**240.40**	**7/1/2011**
	Level H: AIDS	398.35	386.60	7/1/2011
	Level U: Fragile Under 21	514.60	503.93	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/08/1992

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Hollywood Hills Rehabilitation Center, LLC
1200 N 35th Avenue
Hollywood FL 33021

Provider Number: 0 313424-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.22**	**204.81**	**7/1/2011**
	Level H: AIDS	359.08	351.01	7/1/2011
	Level U: Fragile Under 21	475.33	468.34	7/1/2011

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:

- _____ Budget
- **X** Unaudited costs
- _____ Field audited costs
- _____ Field audit - interim portion
- _____ Desk audited costs
- _____ Desk audit - Interim Portion
- _____ Desk Audit - Prospective portion

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- **X** Rate Semester Change On FRV [2] as of 10/01/1985

Distribution:

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Lutheran Haven Nursing Home
2041 W. State Rd. 426
Oviedo Fl 32765

Provider Number: 0 313718-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.09**	**196.98**	**7/1/2011**
	Level H: AIDS	350.95	343.18	7/1/2011
	Level U: Fragile Under 21	467.20	460.51	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/16/2005

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Carrington Place Care Center
10501 Roosevelt Blvd North
St. Petersburg FL 33716

Provider Number: 0 315524-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.68**	**202.27**	**7/1/2011**
	Level H: AIDS	354.54	348.47	7/1/2011
	Level U: Fragile Under 21	470.79	465.80	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1988

Distribution:

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For information Only
No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Life Care Center of Pensacola
3291 East Olive Road
Pensacola FL 32514

Provider Number: 0 315664-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.09**	**208.08**	**7/1/2011**
	Level H: AIDS	361.95	354.28	7/1/2011
	Level U: Fragile Under 21	478.20	471.61	7/1/2011

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:

_ Budget
X Unaudited costs
_ Field audited costs
_ Field audit - interim portion
_ Desk audited costs
_ Desk audit - Interim Portion
_ Desk Audit - Prospective portion

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change
_
X Rate Semester Change On FRV [2] as of 06/01/2006

Distribution:

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Westwood Health Care Center
1001 Mar Walt Drive
Ft. Walton Beach FL 32457

Provider Number: 0 316075-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.08**	**200.73**	**7/1/2011**
	Level H: AIDS	352.94	346.93	7/1/2011
	Level U: Fragile Under 21	469.19	464.26	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Desoto Health & Rehab
1002 North Brevard Avenue
Arcadia FL 34266

Provider Number: 0 316229-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.47**	**245.46**	**7/1/2011**
	Level H: AIDS	391.33	391.66	7/1/2011
	Level U: Fragile Under 21	507.58	508.99	7/1/2011

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:

- _____ Budget
- **X** Unaudited costs
- _____ Field audited costs
- _____ Field audit - interim portion
- _____ Desk audited costs
- _____ Desk audit - Interim Portion
- _____ Desk Audit - Prospective portion

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- _____
- **X** Rate Semester Change On FRV [2] as of 09/01/1986

Distribution:

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- _____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Laurellwood Nursing Center, Inc.
3127 - 57th Avenue North
St. Petersburg FL 33714

Provider Number: 0 316628-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.25**	**198.53**	**7/1/2011**
	Level H: AIDS	350.11	344.73	7/1/2011
	Level U: Fragile Under 21	466.36	462.06	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1996

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Tampa FL 33619

State of Florida Office of Medicaid Cost Reimbursement Planning and Analysis
2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HarbourWood Nursing Center, Inc.
2855 Gulf to Bay Boulevard, Building #31
Clearwater FL 33759

Provider Number: 0 316636-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.28**	**199.46**	**7/1/2011**
	Level H: AIDS	351.14	345.66	7/1/2011
	Level U: Fragile Under 21	467.39	462.99	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/03/1996

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

GraceWood Nursing Center, Inc.
8600 U.S. Highway 19 North
Pinellas Park FL 33782

Provider Number: 0 316644-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.74**	**191.42**	**7/1/2011**
	Level H: AIDS	342.60	337.62	7/1/2011
	Level U: Fragile Under 21	458.85	454.95	7/1/2011

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:

- _____ Budget
- **X** Unaudited costs
- _____ Field audited costs
- _____ Field audit - interim portion
- _____ Desk audited costs
- _____ Desk audit - Interim Portion
- _____ Desk Audit - Prospective portion

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- _____
- **X** Rate Semester Change On FRV [2] as of 08/01/1998

Distribution:

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- _____ No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

BayWood Nursing Center, Inc
2000 17th Avenue South
St. Petersburg FL 33712

Provider Number: 0 316652-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**175.64**	**170.29**	**7/1/2011**
	Level H: AIDS	320.50	316.49	7/1/2011
	Level U: Fragile Under 21	436.75	433.82	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 12/01/2005

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_____ No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Harmony Healthcare & Rehabilitation Center
2600 Courtland Street
Sarasota FL 34237

Provider Number: 0 317136-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.06**	**226.35**	**7/1/2011**
	Level H: AIDS	386.92	372.55	7/1/2011
	Level U: Fragile Under 21	503.17	489.88	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/27/2006

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Nursing Center at Freedom Village
6410 21st Avenue West
Bradenton FL 34209

Provider Number: 0 317195-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.37**	**191.65**	**7/1/2011**
	Level H: AIDS	346.23	337.85	7/1/2011
	Level U: Fragile Under 21	462.48	455.18	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/23/1989

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Darcy Hall of Life Care
2170 Palm Beach Lakes Blvd.
West Palm Beach FL 33409

Provider Number: 0 317349-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.16**	**205.91**	**7/1/2011**
	Level H: AIDS	355.02	352.11	7/1/2011
	Level U: Fragile Under 21	471.27	469.44	7/1/2011

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:

- _____ Budget
- **X** Unaudited costs
- _____ Field audited costs
- _____ Field audit - interim portion
- _____ Desk audited costs
- _____ Desk audit - Interim Portion
- _____ Desk Audit - Prospective portion

Changes:

- _____ Licensure Rating Change
- _____ Usual and Customary Limitation
- _____ Target Rate limitation change
- _____ FRVS Change
- _____
- **X** Rate Semester Change On FRV [2] as of 07/01/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Keystone Rehab. and Health Center
1120 West Donegan Avenue
Kissimmee FL 34741

Provider Number: 0 317560-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.65**	**185.57**	**7/1/2011**
	Level H: AIDS	353.51	331.77	7/1/2011
	Level U: Fragile Under 21	469.76	449.10	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/19/2006

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Parklands Rehabilitation and Nursing Center
1000 S.W. 16th Avenue
Gainesville FL 32601

Provider Number: 0 317578-00
Date: 6/24/2011
Fiscal Year End: 3/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.82**	**222.02**	**7/1/2011**
	Level H: AIDS	370.68	368.22	7/1/2011
	Level U: Fragile Under 21	486.93	485.55	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1987

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Williston Rehabilitation and Nursing Center
300 N.W. 1st Ave.
Williston FL 32696

Provider Number: 0 317586-00
Date: 6/24/2011
Fiscal Year End: 3/31/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.66**	**218.63**	**7/1/2011**
	Level H: AIDS	370.52	364.83	7/1/2011
	Level U: Fragile Under 21	486.77	482.16	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/2006

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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New City NY 10956

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Community Health and Rehab Center
3611 Transmitter Road
Panama City FL 32404

Provider Number: 0 318779-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.15**	**198.76**	**7/1/2011**
	Level H: AIDS	346.01	344.96	7/1/2011
	Level U: Fragile Under 21	462.26	462.29	7/1/2011

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:

_ Budget
X Unaudited costs
_ Field audited costs
_ Field audit - interim portion
_ Desk audited costs
_ Desk audit - Interim Portion
_ Desk Audit - Prospective portion

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change
_
X Rate Semester Change On FRV [2] as of 11/04/1997

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Citrus Gardens of Fort Myers
7173 Cypress Drive Southwest
Fort Myers FL 33907

Provider Number: 0 318787-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.96**	**194.91**	**7/1/2011**
	Level H: AIDS	346.82	341.11	7/1/2011
	Level U: Fragile Under 21	463.07	458.44	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1987

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Court at Palm-Aire
2701 North Course Drive
Pompano Beach FL 33069

Provider Number: 0 318795-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.31**	**230.63**	**7/1/2011**
	Level H: AIDS	385.17	376.83	7/1/2011
	Level U: Fragile Under 21	501.42	494.16	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/28/1994

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Newton MA 02458

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Medicaid Reimbursement Per Diem Rates

Palmer Ranch Healthcare and Rehabilitation
5111 Palmer Ranch Parkway
Sarasota Fl 34238

Provider Number: 0 319244-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.20**	**243.90**	**7/1/2011**
	Level H: AIDS	398.06	390.10	7/1/2011
	Level U: Fragile Under 21	514.31	507.43	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/2000

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Port Charlotte Rehabilitation Center
25325 Rampart Blvd
Port Charlotte FL 33983

Provider Number: 0 319325-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.23**	**222.60**	**7/1/2011**
	Level H: AIDS	368.09	368.80	7/1/2011
	Level U: Fragile Under 21	484.34	486.13	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/15/1990

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Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Harbour Health Center
23013 Westchester Boulevard
Port Charlotte FL 33980

Provider Number: 0 319333-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.16**	**199.04**	**7/1/2011**
	Level H: AIDS	351.02	345.24	7/1/2011
	Level U: Fragile Under 21	467.27	462.57	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/2000

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Dove Healthcare at Lake Wales
730 North Scenic Highway
Lake Wales FL 33853

Provider Number: 0 319341-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.81**	**197.24**	**7/1/2011**
	Level H: AIDS	357.67	343.44	7/1/2011
	Level U: Fragile Under 21	473.92	460.77	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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For information Only
No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Atrium Healthcare Center
9960 Regency Square Boulevard North
Jacksonville FL 32225

Provider Number: 0 319376-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.18**	**198.62**	**7/1/2011**
	Level H: AIDS	350.04	344.82	7/1/2011
	Level U: Fragile Under 21	466.29	462.15	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/13/1996

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Jacksonville
4101 Southpoint Drive East
Jacksonville FL 32216

Provider Number: 0 319503-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.59**	**213.53**	**7/1/2011**
	Level H: AIDS	366.45	359.73	7/1/2011
	Level U: Fragile Under 21	482.70	477.06	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 08/09/1996

Distribution:

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_____ No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Kissimmee
2511 John Young Parkway North
Kissimmee FL 34741

Provider Number: 0 319511-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.34**	**203.66**	**7/1/2011**
	Level H: AIDS	356.20	349.86	7/1/2011
	Level U: Fragile Under 21	472.45	467.19	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/20/1999

Distribution:

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Melbourne
3033 Sarno Road
Melbourne FL 32934

Provider Number: 0 319520-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.59**	**204.74**	**7/1/2011**
	Level H: AIDS	357.45	350.94	7/1/2011
	Level U: Fragile Under 21	473.70	468.27	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/19/1994

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Orange Park
1215 Kingsley Avenue
Orange Park FL 32073

Provider Number: 0 319538-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.75**	**213.57**	**7/1/2011**
	Level H: AIDS	366.61	359.77	7/1/2011
	Level U: Fragile Under 21	482.86	477.10	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1990

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of West Altamonte
1099 W. Town Parkway
Altamonte Springs FL 32714

Provider Number: 0 319546-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.32**	**212.15**	**7/1/2011**
	Level H: AIDS	365.18	358.35	7/1/2011
	Level U: Fragile Under 21	481.43	475.68	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/17/1994

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Medicaid Reimbursement Per Diem Rates

Franco Nursing and Rehabilitation Center
800 NW 95th Street
Miami FL 33150

Provider Number: 0 319554-00
Date: 6/24/2011
Fiscal Year End: 7/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.23**	**194.17**	**7/1/2011**
	Level H: AIDS	345.09	340.37	7/1/2011
	Level U: Fragile Under 21	461.34	457.70	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/04/1996

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Bayonet Point
8132 Hudson Avenue
Hudson FL 34667

Provider Number: 0 319651-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.00**	**201.45**	**7/1/2011**
	Level H: AIDS	353.86	347.65	7/1/2011
	Level U: Fragile Under 21	470.11	464.98	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/22/1993

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Brandon
701 Victoria Street
Brandon FL 33510

Provider Number: 0 319660-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.83**	**208.10**	**7/1/2011**
	Level H: AIDS	360.69	354.30	7/1/2011
	Level U: Fragile Under 21	476.94	471.63	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1999

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Lake Parker
2020 W. Lake Parker Drive
Lakeland FL 33805

Provider Number: 0 319678-00
Date: 6/24/2011
Fiscal Year End: 9/30/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.01**	**208.71**	**7/1/2011**
	Level H: AIDS	361.87	354.91	7/1/2011
	Level U: Fragile Under 21	478.12	472.24	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/14/1990

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Pensacola
235 W. Airport Blvd.
Pensacola FL 32505

Provider Number: 0 319686-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.71**	**199.28**	**7/1/2011**
	Level H: AIDS	351.57	345.48	7/1/2011
	Level U: Fragile Under 21	467.82	462.81	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/08/1997

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Safety Harbor
1410 Fourth Street North
Safety Harbor FL 34695

Provider Number: 0 319694-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.54**	**210.85**	**7/1/2011**
	Level H: AIDS	363.40	357.05	7/1/2011
	Level U: Fragile Under 21	479.65	474.38	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of St. Petersburg
9393 Park Boulevard
Seminole FL 33777

Provider Number: 0 319708-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.21**	**209.04**	**7/1/2011**
	Level H: AIDS	362.07	355.24	7/1/2011
	Level U: Fragile Under 21	478.32	472.57	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/03/1995

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Tallahassee
1650 Phillips Road
Tallahassee FL 32308

Provider Number: 0 319716-00
Date: 6/24/2011
Fiscal Year End: 9/30/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.38**	**210.93**	**7/1/2011**
	Level H: AIDS	364.24	357.13	7/1/2011
	Level U: Fragile Under 21	480.49	474.46	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1992

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Winter Haven
2701 Lake Alfred Road
Winter Haven FL 33881

Provider Number: 0 319724-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.25**	**198.54**	**7/1/2011**
	Level H: AIDS	351.11	344.74	7/1/2011
	Level U: Fragile Under 21	467.36	462.07	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/02/1998

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Lakeland
5245 North Socrum Loop Road
Lakeland FL 33809

Provider Number: 0 319953-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.53**	**196.38**	**7/1/2011**
	Level H: AIDS	348.39	342.58	7/1/2011
	Level U: Fragile Under 21	464.64	459.91	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care Of New Port Richey
8417 County Road 54
New Port Richey FL 34653

Provider Number: 0 319970-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.63**	**203.36**	**7/1/2011**
	Level H: AIDS	355.49	349.56	7/1/2011
	Level U: Fragile Under 21	471.74	466.89	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

Distribution:

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For information Only
No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of North Fort Myers
991 Pondella Road
North Ft. Myers FL 33903

Provider Number: 0 320111-00
Date: 6/24/2011
Fiscal Year End: 1/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.03**	**196.84**	**7/1/2011**
	Level H: AIDS	348.89	343.04	7/1/2011
	Level U: Fragile Under 21	465.14	460.37	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office:
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Port Charlotte
18480 Toledo Blade Boulevard
Port Charlotte FL 33948

Provider Number: 0 320129-00
Date: 6/24/2011
Fiscal Year End: 5/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.65**	**197.31**	**7/1/2011**
	Level H: AIDS	349.51	343.51	7/1/2011
	Level U: Fragile Under 21	465.76	460.84	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/12/1998

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Sarasota
4783 Fruitville Road
Sarasota FL 34232

Provider Number: 0 320137-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.72**	**230.61**	**7/1/2011**
	Level H: AIDS	385.58	376.81	7/1/2011
	Level U: Fragile Under 21	501.83	494.14	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change
On FRV [2] as of 02/18/1998

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of Vero Beach
1310 37th Street
Vero Beach FL 32960

Provider Number: 0 320145-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.04**	**202.40**	**7/1/2011**
	Level H: AIDS	354.90	348.60	7/1/2011
	Level U: Fragile Under 21	471.15	465.93	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

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Medicaid Reimbursement Per Diem Rates

Consulate Health Care of West Palm Beach
1626 Davis Road
West Palm Beach FL 33406

Provider Number: 0 320153-00
Date: 6/24/2011
Fiscal Year End: 8/31/2005
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.01**	**209.37**	**7/1/2011**
	Level H: AIDS	361.87	355.57	7/1/2011
	Level U: Fragile Under 21	478.12	472.90	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1998

Distribution:

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Medicaid Reimbursement Per Diem Rates

Zephyr Haven Health & Rehab Center, Inc.
38250 A Avenue
Zephyrhills FL 33542

Provider Number: 0 320391-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.59**	**200.43**	**7/1/2011**
	Level H: AIDS	352.45	346.63	7/1/2011
	Level U: Fragile Under 21	468.70	463.96	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/28/1989

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Zephyrhills Health & Rehab Center, Inc.
7350 Dairy Road
Zephyrhills FL 33540

Provider Number: 0 320404-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.93**	**198.61**	**7/1/2011**
	Level H: AIDS	359.79	344.81	7/1/2011
	Level U: Fragile Under 21	476.04	462.14	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 06/23/1998

Distribution:

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Sunbelt Health & Rehab Center - Apopka, Inc.
305 E. Oak Street
Apopka FL 32703

Provider Number: 0 320412-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.71**	**197.07**	**7/1/2011**
	Level H: AIDS	348.57	343.27	7/1/2011
	Level U: Fragile Under 21	464.82	460.60	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/09/1993

Distribution:

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

East Orlando Health & Rehab Center, Inc.
250 S. Chickasaw Trail
Orlando FL 32825

Provider Number: 0 320421-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.39**	**220.89**	**7/1/2011**
	Level H: AIDS	374.25	367.09	7/1/2011
	Level U: Fragile Under 21	490.50	484.42	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/08/1993

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Adventist Care Centers - Courtland, Inc.
730 Courtland Street
Orlando Fl 32804

Provider Number: 0 320439-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.57**	**213.43**	**7/1/2011**
	Level H: AIDS	366.43	359.63	7/1/2011
	Level U: Fragile Under 21	482.68	476.96	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/27/2000

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

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Orlando FL 32804

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Florida Living Nursing Center
3355 E. Semoran Blvd.
Apopka FL 32703

Provider Number: 0 320463-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.48**	**221.41**	**7/1/2011**
	Level H: AIDS	374.34	367.61	7/1/2011
	Level U: Fragile Under 21	490.59	484.94	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/24/1989

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Orlando FL 32804

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Health & Rehab. Centre at Dolphins View
1820 Shore Drive, South
St. Petersburg FL 33707

Provider Number: 0 320528-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.78**	**219.94**	**7/1/2011**
	Level H: AIDS	374.64	366.14	7/1/2011
	Level U: Fragile Under 21	490.89	483.47	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1991

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Stephen Russell
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Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Lehigh Acres Health & Rehabilitation Center
1550 Lee Boulevard
Lehigh Acres FL 33936

Provider Number: 0 320978-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.56**	**229.80**	**7/1/2011**
	Level H: AIDS	383.42	376.00	7/1/2011
	Level U: Fragile Under 21	499.67	493.33	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1995

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Ft. Lauderdale Health & Rehab Center
2000 E. Commercial Blvd.
Ft. Lauderdale FL 33308

Provider Number: 0 321303-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.51**	**220.37**	**7/1/2011**
	Level H: AIDS	371.37	366.57	7/1/2011
	Level U: Fragile Under 21	487.62	483.90	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/2007

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Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

The Palms Rehabilitation and Nursing Center
3370 NW 46th Terrace
Lauderdale Lakes FL 33319

Provider Number: 0 321532-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.32**	**226.62**	**7/1/2011**
	Level H: AIDS	375.18	372.82	7/1/2011
	Level U: Fragile Under 21	491.43	490.15	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1994

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Coral Gables Nursing and Rehabilitation
7060 SW 8th Street
Miami FL 33144

Provider Number: 0 323772-00
Date: 6/24/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.66**	**206.97**	**7/1/2011**
	Level H: AIDS	359.52	353.17	7/1/2011
	Level U: Fragile Under 21	475.77	470.50	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1988

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Tarpon Point Nursing & Rehab Center
5157 Park Club Drive
Sarasota FL 34235

Provider Number: 0 323781-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.15**	**214.91**	**7/1/2011**
	Level H: AIDS	365.01	361.11	7/1/2011
	Level U: Fragile Under 21	481.26	478.44	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/27/1990

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

St. Andrew's Bay Skilled Nursing & Rehab Center
2100 Jenks Ave
Panama City FL 32405

Provider Number: 0 323799-00
Date: 6/24/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.91**	**193.32**	**7/1/2011**
	Level H: AIDS	349.77	339.52	7/1/2011
	Level U: Fragile Under 21	466.02	456.85	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2000

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Hampton Court Nursing Center
16100 NW 2nd Avenue
North Miami Beach FL 33169

Provider Number: 0 324027-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.47**	**226.28**	**7/1/2011**
	Level H: AIDS	379.33	372.48	7/1/2011
	Level U: Fragile Under 21	495.58	489.81	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/03/1991

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Advanced Rehabilitation & Health Center
401 FAIRWOOD AVENUE
Clearwater FL 33759

Provider Number: 0 324094-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.76**	**231.92**	**7/1/2011**
	Level H: AIDS	384.62	378.12	7/1/2011
	Level U: Fragile Under 21	500.87	495.45	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/2000

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Bayside Rehabilitation & Health Center
811 Jackson Street North
St. Petersburg FL 33705

Provider Number: 0 324108-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**258.02**	**248.74**	**7/1/2011**
	Level H: AIDS	402.88	394.94	7/1/2011
	Level U: Fragile Under 21	519.13	512.27	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/2001

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Medicaid Reimbursement Per Diem Rates

Excel Rehabilitation & Health Center
2811 Campus Hill Drive
Tampa FL 33612

Provider Number: 0 324116-00
Date: 6/24/2011
Fiscal Year End: 2/28/2011
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.91**	**223.69**	**7/1/2011**
	Level H: AIDS	375.77	369.89	7/1/2011
	Level U: Fragile Under 21	492.02	487.22	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/15/1995

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Medicaid Reimbursement Per Diem Rates

Madison Pointe Rehabilitation & Health Center
6020 Indiana Avenue
New Port Richey FL 34653

Provider Number: 0 324124-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.90**	**220.21**	**7/1/2011**
	Level H: AIDS	373.76	366.41	7/1/2011
	Level U: Fragile Under 21	490.01	483.74	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1995

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Medicaid Reimbursement Per Diem Rates

Shore Acres Rehabilitation & Health Center
4500 Indianapolis Street, NE
St. Petersburg FL 33703

Provider Number: 0 324132-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.99**	**223.61**	**7/1/2011**
	Level H: AIDS	376.85	369.81	7/1/2011
	Level U: Fragile Under 21	493.10	487.14	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1993

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Medicaid Reimbursement Per Diem Rates

Woodbridge Rehabilitation & Health Center
8720 Jackson Springs Road
Tampa FL 33615

Provider Number: 0 324141-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.25**	**221.71**	**7/1/2011**
	Level H: AIDS	375.11	367.91	7/1/2011
	Level U: Fragile Under 21	491.36	485.24	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1994

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Medicaid Reimbursement Per Diem Rates

Ocoee Health Care Facility
1556 Maguire Road
Ocoee FL 34761

Provider Number: 0 324159-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.17**	**215.01**	**7/1/2011**
	Level H: AIDS	368.03	361.21	7/1/2011
	Level U: Fragile Under 21	484.28	478.54	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/16/1990

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Stephen Russell
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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Palmetto Rehabilitation and Health Center
6750 West 22nd Court
Hialeah FL 33016

Provider Number: 0 324167-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**251.85**	**241.15**	**7/1/2011**
	Level H: AIDS	396.71	387.35	7/1/2011
	Level U: Fragile Under 21	512.96	504.68	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/02/1987

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Medicaid Reimbursement Per Diem Rates

Courtyards of Orlando
1900 Mercy Drive
Orlando FL 32808

Provider Number: 0 324175-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.37**	**224.03**	**7/1/2011**
	Level H: AIDS	377.23	370.23	7/1/2011
	Level U: Fragile Under 21	493.48	487.56	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1991

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Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Royal Care of Avon Park
1213 W. Stratford Rd.
Avon Park FL 33825

Provider Number: 0 324213-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.59**	**194.44**	**7/1/2011**
	Level H: AIDS	346.45	340.64	7/1/2011
	Level U: Fragile Under 21	462.70	457.97	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1986

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Stephen Russell
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Stephen Russell

Home Office: 1 - No Home Office

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Medicaid Reimbursement Per Diem Rates

Seminole Nursing Pavilion
10800 Temple Terrace
Seminole FL 33772

Provider Number: 0 324230-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.57**	**200.49**	**7/1/2011**
	Level H: AIDS	355.43	346.69	7/1/2011
	Level U: Fragile Under 21	471.68	464.02	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1988

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Medicaid Reimbursement Per Diem Rates

Freedom Square Rehabilitation & Nursing Services
10801 Johnson Blvd.
Seminole Fl 33772

Provider Number: 0 324248-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.08**	**191.56**	**7/1/2011**
	Level H: AIDS	345.94	337.76	7/1/2011
	Level U: Fragile Under 21	462.19	455.09	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/19/2002

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Medicaid Reimbursement Per Diem Rates

Heritage Park Care and Rehabilitation Center
2302 59th Street West
Bradenton FL 34209

Provider Number: 0 324345-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.47**	**191.36**	**7/1/2011**
	Level H: AIDS	354.33	337.56	7/1/2011
	Level U: Fragile Under 21	470.58	454.89	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1994

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Medicaid Reimbursement Per Diem Rates

Washington Rehabilitation and Nursing Center
879 Usery Road/Post Office Box 917
Chipley FL 32428

Provider Number: 0 324353-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.30**	**200.86**	**7/1/2011**
	Level H: AIDS	353.16	347.06	7/1/2011
	Level U: Fragile Under 21	469.41	464.39	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/31/2001

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Medicaid Reimbursement Per Diem Rates

Chautauqua Rehabilitation and Nursing Center
785 South 2nd Street
Defuniak Springs FL 32435

Provider Number: 0 324361-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.11**	**184.19**	**7/1/2011**
	Level H: AIDS	340.97	330.39	7/1/2011
	Level U: Fragile Under 21	457.22	447.72	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1989

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of College Park
13755 Golf Club Parkway
Fort Myers FL 33919-5146

Provider Number: 0 324370-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.32**	**203.36**	**7/1/2011**
	Level H: AIDS	355.18	349.56	7/1/2011
	Level U: Fragile Under 21	471.43	466.89	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1994

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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2727 Mahan Drive - Mail Stop 21
Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Signature HealthCARE of Gainesville
4000 South West 20th Avenue
Gainesville FL 32607

Provider Number: 0 324388-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.82**	**185.57**	**7/1/2011**
	Level H: AIDS	340.68	331.77	7/1/2011
	Level U: Fragile Under 21	456.93	449.10	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/08/2004

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of North Florida
1083 Sanders Avenue
Graceville FL 32440

Provider Number: 0 324396-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.38**	**203.98**	**7/1/2011**
	Level H: AIDS	355.24	350.18	7/1/2011
	Level U: Fragile Under 21	471.49	467.51	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/28/1991

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Signature HealthCARE Center of Waterford
8333 W. Okeechobee Road
Hialeah Gardens FL 33016

Provider Number: 0 324400-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.26**	**184.77**	**7/1/2011**
	Level H: AIDS	338.12	330.97	7/1/2011
	Level U: Fragile Under 21	454.37	448.30	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/2001

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Brookwood Gardens
1990 S. Canal Drive
Homestead FL 33035

Provider Number: 0 324418-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.82**	**213.92**	**7/1/2011**
	Level H: AIDS	367.68	360.12	7/1/2011
	Level U: Fragile Under 21	483.93	477.45	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1989

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare at the Courtyard
2600 Forest Glen Trail
Marianna FL 32446

Provider Number: 0 324426-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.37**	**186.99**	**7/1/2011**
	Level H: AIDS	338.23	333.19	7/1/2011
	Level U: Fragile Under 21	454.48	450.52	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/27/1997

Distribution:

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Orange Park
2029 Professional Center Drive
Orange Park FL 32073

Provider Number: 0 324434-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.70**	**198.06**	**7/1/2011**
	Level H: AIDS	349.56	344.26	7/1/2011
	Level U: Fragile Under 21	465.81	461.59	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/01/1994

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Ormond
103 N. Clyde Morris Blvd
Ormond Beach FL 32074

Provider Number: 0 324442-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.53**	**204.55**	**7/1/2011**
	Level H: AIDS	356.39	350.75	7/1/2011
	Level U: Fragile Under 21	472.64	468.08	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/20/1988

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Medicaid Reimbursement Per Diem Rates

Anchor Care & Rehabilitation Center
1515 Port Malabar Blvd. NE
Palm Bay FL 32905

Provider Number: 0 324451-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.48**	**190.93**	**7/1/2011**
	Level H: AIDS	348.34	337.13	7/1/2011
	Level U: Fragile Under 21	464.59	454.46	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1994

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Medicaid Reimbursement Per Diem Rates

Pinellas Park Care and Rehabilitation Center
8701 49th Street North
Pinellas Park FL 33782

Provider Number: 0 324469-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.94**	**188.57**	**7/1/2011**
	Level H: AIDS	339.80	334.77	7/1/2011
	Level U: Fragile Under 21	456.05	452.10	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1997

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Signature Healthcare of Port Charlotte
4033 Beaver Lane
Port Charlotte FL 33952

Provider Number: 0 324477-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.29**	**212.14**	**7/1/2011**
	Level H: AIDS	362.15	358.34	7/1/2011
	Level U: Fragile Under 21	478.40	475.67	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1994

Distribution:

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

The Bridge at Bay St. Joe
220 9th Street
Port St. Joe FL 32456

Provider Number: 0 324485-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.29**	**185.34**	**7/1/2011**
	Level H: AIDS	340.15	331.54	7/1/2011
	Level U: Fragile Under 21	456.40	448.87	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Kenilworth Care and Rehabilitation Center
3011 Kenilworth Blvd.
Sebring FL 33870

Provider Number: 0 324493-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.30**	**189.71**	**7/1/2011**
	Level H: AIDS	347.16	335.91	7/1/2011
	Level U: Fragile Under 21	463.41	453.24	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/01/1986

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Medicaid Reimbursement Per Diem Rates

Peninsula Care and Rehabilitation Center
900 Beckett Way
Tarpon Springs FL 34689

Provider Number: 0 324507-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.10**	**204.57**	**7/1/2011**
	Level H: AIDS	360.96	350.77	7/1/2011
	Level U: Fragile Under 21	477.21	468.10	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 03/01/1995

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No Change in Rate

Stephen Russell
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Medicaid Reimbursement Per Diem Rates

Winter Park Care and Rehabilitation Center
2970 Scarlet Road
Winter Park FL 32792

Provider Number: 0 324515-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.23**	**194.73**	**7/1/2011**
	Level H: AIDS	348.09	340.93	7/1/2011
	Level U: Fragile Under 21	464.34	458.26	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1994

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Southern Oaks Rehabilitation and Nursing Center
600 West Gregory Street
Pensacola FL 32501

Provider Number: 0 324566-00
Date: 6/24/2011
Fiscal Year End: 12/31/2009
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.14**	**211.17**	**7/1/2011**
	Level H: AIDS	364.00	357.37	7/1/2011
	Level U: Fragile Under 21	480.25	474.70	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 11/01/1988

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

RiverWood Nursing Center
40 Acme Street
Jacksonville FL 32211

Provider Number: 0 324612-00
Date: 6/24/2011
Fiscal Year End: 12/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**164.24**	**173.62**	**7/1/2011**
	Level H: AIDS	309.10	319.82	7/1/2011
	Level U: Fragile Under 21	425.35	437.15	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/01/1997

Distribution:

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Permanent File
For information Only
No Change in Rate

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Stephen Russell

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Medicaid Reimbursement Per Diem Rates

Terraces of Lake Worth Rehab and Health Center
1711 6th Avenue South
Lake Worth FL 33460

Provider Number: 0 325031-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**260.43**	**250.93**	**7/1/2011**
	Level H: AIDS	405.29	397.13	7/1/2011
	Level U: Fragile Under 21	521.54	514.46	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/01/1986

Distribution:

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No Change in Rate

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

Arbor Village Nursing Center
490 South Old Wire Road
Wildwood FL 34785

Provider Number: 0 325040-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.57**	**215.70**	**7/1/2011**
	Level H: AIDS	368.43	361.90	7/1/2011
	Level U: Fragile Under 21	484.68	479.23	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 10/01/1985

Distribution:

Contract Management / Fiscal Agent
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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

North Lake Rehabilitation and Health Center
750 Bayberry Drive
Lake Park FL 33403

Provider Number: 0 325163-00
Date: 6/24/2011
Fiscal Year End: 2/28/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**258.38**	**249.24**	**7/1/2011**
	Level H: AIDS	403.24	395.44	7/1/2011
	Level U: Fragile Under 21	519.49	512.77	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/01/2000

Distribution:

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Medicaid Reimbursement Per Diem Rates

Heartland Health Care Center - Jacksonville
8495 Normandy Blvd
Jacksonville FL 32221

Provider Number: 0 325236-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.42**	**195.00**	**7/1/2011**
	Level H: AIDS	347.28	341.20	7/1/2011
	Level U: Fragile Under 21	463.53	458.53	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/12/1990

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Kendall
9400 SW 137th Avenue
Kendall FL 33186

Provider Number: 0 325244-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.12**	**190.16**	**7/1/2011**
	Level H: AIDS	342.98	336.36	7/1/2011
	Level U: Fragile Under 21	459.23	453.69	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 08/31/1989

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Miami Lakes
5725 NW 186th Street
Hialeah FL 33015

Provider Number: 0 325252-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.66**	**200.25**	**7/1/2011**
	Level H: AIDS	356.52	346.45	7/1/2011
	Level U: Fragile Under 21	472.77	463.78	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/14/1990

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Medicaid Reimbursement Per Diem Rates

Heartland of Orange Park
570 Wells Road
Orange Park FL 32073

Provider Number: 0 325261-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.75**	**199.29**	**7/1/2011**
	Level H: AIDS	351.61	345.49	7/1/2011
	Level U: Fragile Under 21	467.86	462.82	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/26/1990

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Medicaid Reimbursement Per Diem Rates

MCHS Winter Park
2075 Lochmond Drive
Winter Park FL 32792

Provider Number: 0 325279-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.54**	**199.89**	**7/1/2011**
	Level H: AIDS	352.40	346.09	7/1/2011
	Level U: Fragile Under 21	468.65	463.42	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

South Jacksonville
3648 University Boulevard
Jacksonville FL 32216

Provider Number: 0 325287-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.20**	**188.07**	**7/1/2011**
	Level H: AIDS	340.06	334.27	7/1/2011
	Level U: Fragile Under 21	456.31	451.60	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

Heartland of Brooksville
575 Lamar Ave
Brooksville FL 34601

Provider Number: 0 325295-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.26**	**200.34**	**7/1/2011**
	Level H: AIDS	352.12	346.54	7/1/2011
	Level U: Fragile Under 21	468.37	463.87	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/01/1988

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Medicaid Reimbursement Per Diem Rates

Heartland of Boynton Beach
3600 Old Boynton Beach
Boynton Beach FL 33436

Provider Number: 0 325309-00
Date: 6/24/2011
Fiscal Year End: 6/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.12**	**193.48**	**7/1/2011**
	Level H: AIDS	344.98	339.68	7/1/2011
	Level U: Fragile Under 21	461.23	457.01	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 01/16/1992

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Ft. Myers
1600 Matthew Drive
Ft. Myers FL 33907

Provider Number: 0 325325-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.49**	**197.48**	**7/1/2011**
	Level H: AIDS	350.35	343.68	7/1/2011
	Level U: Fragile Under 21	466.60	461.01	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/25/1991

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Lauderhill
2599 NW 55th Avenue
Lauderhill FL 33313

Provider Number: 0 325333-00
Date: 6/24/2011
Fiscal Year End: 7/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.10**	**190.54**	**7/1/2011**
	Level H: AIDS	341.96	336.74	7/1/2011
	Level U: Fragile Under 21	458.21	454.07	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/27/1989

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Prosperity Oaks
11375 Prosperity Farms Road
Palm Beach FL 33410

Provider Number: 0 325341-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.88**	**200.24**	**7/1/2011**
	Level H: AIDS	352.74	346.44	7/1/2011
	Level U: Fragile Under 21	468.99	463.77	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/07/1992

Distribution:

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For information Only
No Change in Rate

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Medicaid Reimbursement Per Diem Rates

Heartland of Tamarac
5901 NW 79th Avenue
Tamarac FL 33321

Provider Number: 0 325350-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.80**	**201.87**	**7/1/2011**
	Level H: AIDS	354.66	348.07	7/1/2011
	Level U: Fragile Under 21	470.91	465.40	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/07/1988

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MCHS- Boca Raton
375 N W Street
Boca Raton FL 33431

Provider Number: 0 325368-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.84**	**206.11**	**7/1/2011**
	Level H: AIDS	358.70	352.31	7/1/2011
	Level U: Fragile Under 21	474.95	469.64	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change Not on FRV [1]

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MCHS- Boynton Beach
3001 S Congress Ave
Boynton Beach FL 33426

Provider Number: 0 325376-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.25**	**198.40**	**7/1/2011**
	Level H: AIDS	351.11	344.60	7/1/2011
	Level U: Fragile Under 21	467.36	461.93	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MCHS - Ft. Myers
13881 Eagle Ridge Drive
Ft. Myers Fl 33912

Provider Number: 0 325384-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.01**	**207.59**	**7/1/2011**
	Level H: AIDS	360.87	353.79	7/1/2011
	Level U: Fragile Under 21	477.12	471.12	7/1/2011

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:

_ Budget
X Unaudited costs
_ Field audited costs
_ Field audit - interim portion
_ Desk audited costs
_ Desk audit - Interim Portion
_ Desk Audit - Prospective portion

Changes:

_ Licensure Rating Change
_ Usual and Customary Limitation
_ Target Rate limitation change
_ FRVS Change

X Rate Semester Change
On FRV [2] as of 05/01/2000

Distribution:

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_ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MCHS - Lely Palms
6135 Rattlesnake Hammock Road
Naples FL 34113

Provider Number: 0 325422-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.29**	**210.84**	**7/1/2011**
	Level H: AIDS	364.15	357.04	7/1/2011
	Level U: Fragile Under 21	480.40	474.37	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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No Change in Rate

Stephen Russell
Medicaid Cost Reimbursement Analysis

Stephen Russell

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MCHS - Naples
3601 Lakewood Blvd
Naples FL 34112

Provider Number: 0 325449-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.14**	**193.01**	**7/1/2011**
	Level H: AIDS	345.00	339.21	7/1/2011
	Level U: Fragile Under 21	461.25	456.54	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MCHS- Plantation
6931 W Sunrise Blvd
Plantation FL 33313

Provider Number: 0 325457-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.39**	**204.63**	**7/1/2011**
	Level H: AIDS	357.25	350.83	7/1/2011
	Level U: Fragile Under 21	473.50	468.16	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MCHS - Sarasota
5511 Swift Road
Sarasota FL 34231

Provider Number: 0 325465-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.55**	**206.63**	**7/1/2011**
	Level H: AIDS	359.41	352.83	7/1/2011
	Level U: Fragile Under 21	475.66	470.16	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 12/01/1996

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Medicaid Reimbursement Per Diem Rates

MCHS Venice
1450 E. Venice
Venice FL 34292

Provider Number: 0 325473-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.64**	**203.42**	**7/1/2011**
	Level H: AIDS	356.50	349.62	7/1/2011
	Level U: Fragile Under 21	472.75	466.95	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/05/1997

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Medicaid Reimbursement Per Diem Rates

MCHS West Palm Beach
2300 Village Blvd
West Palm Beach FL 33409

Provider Number: 0 325481-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.82**	**199.86**	**7/1/2011**
	Level H: AIDS	357.68	346.06	7/1/2011
	Level U: Fragile Under 21	473.93	463.39	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 06/01/1996

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Medicaid Reimbursement Per Diem Rates

North Sarasota
3250 12th Street
Sarasota FL 34237

Provider Number: 0 325490-00
Date: 6/24/2011
Fiscal Year End: 8/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.31**	**212.98**	**7/1/2011**
	Level H: AIDS	366.17	359.18	7/1/2011
	Level U: Fragile Under 21	482.42	476.51	7/1/2011

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:

_____ Budget
X Unaudited costs
_____ Field audited costs
_____ Field audit - interim portion
_____ Desk audited costs
_____ Desk audit - Interim Portion
_____ Desk Audit - Prospective portion

Changes:

_____ Licensure Rating Change
_____ Usual and Customary Limitation
_____ Target Rate limitation change
_____ FRVS Change
_____
X Rate Semester Change On FRV [2] as of 10/01/1985

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_____ No Change in Rate

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Medicaid Reimbursement Per Diem Rates

MCHS- Delray
16200 Jog Road
Delray Beach FL 33446

Provider Number: 0 325520-00
Date: 6/24/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.08**	**193.98**	**7/1/2011**
	Level H: AIDS	346.94	340.18	7/1/2011
	Level U: Fragile Under 21	463.19	457.51	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/17/1999

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Medicaid Reimbursement Per Diem Rates

MCHS - Carrollwood
3030 W. Bearass Avenue
Tampa FL 33618

Provider Number: 0 325678-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.98**	**204.32**	**7/1/2011**
	Level H: AIDS	357.84	350.52	7/1/2011
	Level U: Fragile Under 21	474.09	467.85	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 07/20/1990

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Medicaid Reimbursement Per Diem Rates

MCHS Dunedin
870 Patricia Ave
Dunedin FL 34698

Provider Number: 0 325686-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.73**	**191.01**	**7/1/2011**
	Level H: AIDS	350.59	337.21	7/1/2011
	Level U: Fragile Under 21	466.84	454.54	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 05/01/1996

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Medicaid Reimbursement Per Diem Rates

MCHS - Palm Harbor
2851 Tampa Rd
Palm Harbor FL 34684

Provider Number: 0 325694-00
Date: 6/24/2011
Fiscal Year End: 5/31/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.31**	**201.34**	**7/1/2011**
	Level H: AIDS	354.17	347.54	7/1/2011
	Level U: Fragile Under 21	470.42	464.87	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 09/28/1990

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Medicaid Reimbursement Per Diem Rates

Heartland of Zephyrhills
38220 Henry Drive
Zephyrhills FL 33540

Provider Number: 0 325708-00
Date: 6/24/2011
Fiscal Year End: 9/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.45**	**187.96**	**7/1/2011**
	Level H: AIDS	342.31	334.16	7/1/2011
	Level U: Fragile Under 21	458.56	451.49	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 02/04/1988

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Medicaid Reimbursement Per Diem Rates

Moosehaven, Inc.
1701 Park Avenue
Orange Park FL 32073

Provider Number: 0 326011-00
Date: 6/24/2011
Fiscal Year End: 4/30/2010
Audit Status: Unaudited [3]

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.37**	**198.94**	**7/1/2011**
	Level H: AIDS	352.23	345.14	7/1/2011
	Level U: Fragile Under 21	468.48	462.47	7/1/2011

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:

	Budget
X	Unaudited costs
	Field audited costs
	Field audit - interim portion
	Desk audited costs
	Desk audit - Interim Portion
	Desk Audit - Prospective portion

Changes:

	Licensure Rating Change
	Usual and Customary Limitation
	Target Rate limitation change
	FRVS Change
X	Rate Semester Change On FRV [2] as of 04/17/2008

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