State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SURREY PLACE CARE CENTER	Provider Number:	0 001135-00
110 SE LEE AVE	Date:	6/27/2014
LIVE OAK, FL 32060	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.60**	**228.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PALM BEACH	Provider Number:	0 001136-00
4405 LAKEWOOD ROAD	Date:	6/27/2014
LAKE WORTH, FL 33461	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.69**	**231.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Louisville, KY 40299

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Medicaid Reimbursement Per Diem Rates

FLORIDA BAPTIST RETIREMENT CENTER	Provider Number:	0 001416-00
1006 33RD ST	Date:	6/27/2014
VERO BEACH, FL 32960	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.62**	**208.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

VILLAGE PLACE HEALTH AND REHAB CENTER	Provider Number:	0 002400-00
2370 HARBOR BLVD	Date:	6/27/2014
PORT CHARLOTTE, FL 33952	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.39**	**255.70**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OSCEOLA HEALTH CARE CENTER	Provider Number:	0 005219-00
4201 W NEW NOLTE ROAD	Date:	6/27/2014
SAINT CLOUD, FL 34772	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.73**	**227.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

DEBARY MANOR	Provider Number:	0 005372-00
60 N HWY 17/92	Date:	6/27/2014
DEBARY, FL 32713	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.98**	**206.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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2 North Palafox Street
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Medicaid Reimbursement Per Diem Rates

FLAGLER PINES	Provider Number:	0 005374-00
300 DR CARTER BOULEVARD	Date:	6/27/2014
BUNNELL, FL 32110	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.50**	**219.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LONGWOOD HEALTH CARE CENTER	Provider Number:	0 005379-00
1520 S GRANT ST	Date:	6/27/2014
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.96**	**214.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

THE REHABILITATION CENTER OF WINTER PARK	Provider Number:	0 005380-00
1700 MONROE AVE	Date:	6/27/2014
MAITLAND, FL 32751	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.32**	**218.07**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BRYNWOOD CENTER	Provider Number:	0 005381-00
1656 SOUTH JEFFERSON STREET	Date:	6/27/2014
MONTICELLO, FL 32344	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.88**	**210.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

NURSING PAVILION AT CHIPOLA RETIREMENT CENTER	Provider Number:	0 005383-00
4294 3RD AVENUE	Date:	6/27/2014
MARIANNA , FL 32446	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.56**	**220.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

GLENCOVE NURSING PAVILION	Provider Number:	0 005384-00
1027 E HWY 98	Date:	6/27/2014
PANAMA CITY, FL 32401	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.79**	**226.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PANAMA CITY NURSING CENTER	Provider Number:	0 005385-00
924 W 13TH ST	Date:	6/27/2014
PANAMA CITY, FL 32401	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.51**	**213.34**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

RIVERCHASE CARE CENTER	Provider Number:	0 005386-00
1017 STRONG RD	Date:	6/27/2014
QUINCY, FL 32351	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.95**	**215.66**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

SUWANNEE HEALTH CARE CENTER	Provider Number:	0 005387-00
1620 E HELVENSTON ST	Date:	6/27/2014
LIVE OAK, FL 32064	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.11**	**218.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BERKSHIRE MANOR	Provider Number:	0 005388-00
1255 NE 135TH STREET	Date:	6/27/2014
NORTH MIAMI , FL 33161	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.15**	**243.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

CARNEGIE GARDENS NURSING CENTER	Provider Number:	0 005519-00
1415 S HICKORY ST	Date:	6/27/2014
MELBOURNE, FL 32901	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.00**	**229.45**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

FOUNTAINHEAD CARE CENTER	Provider Number:	0 005523-00
390 NE 135TH ST	Date:	6/27/2014
NORTH MIAMI, FL 33161	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.34**	**231.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

MANOR ON THE GREEN	Provider Number:	0 005543-00
324 WILDER BLVD	Date:	6/27/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.71**	**226.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

OAKWOOD GARDEN OF DELAND	Provider Number:	0 005547-00
451 S AMELIA AVE	Date:	6/27/2014
DELAND, FL 32724	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.61**	**213.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

OAKS OF KISSIMMEE	Provider Number:	0 005549-00
320 N MITCHELL ST	Date:	6/27/2014
KISSIMMEE, FL 34741	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.74**	**221.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

AVANTE AT OCALA	Provider Number:	0 005701-00
2021 SW 1ST AVE	Date:	6/27/2014
OCALA, FL 34471	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.82**	**232.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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4000 Hollywood Blvd, Suite 540-N
Hollywood, FL 33021-6744

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Medicaid Reimbursement Per Diem Rates

PALATKA HEALTH CARE CENTER	Provider Number:	0 005811-00
110 KAY LARKIN DR	Date:	6/27/2014
PALATKA, FL 32177	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.22**	**230.69**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOYNTON HEALTH CARE CENTER	Provider Number:	0 005814-00
7900 VENTURE CENTER WAY	Date:	6/27/2014
BOYNTON BEACH , FL 33437	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.38**	**252.37**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: Pensacola Administrative Services, LLC
2 North Palafox Street
Pensacola, Fl 32502

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ACCENTIA HEALTH & REHAB. CENTER OF TAMPA	Provider Number:	0 005826-00
1818 E FLETCHER AVE	Date:	6/27/2014
TAMPA, FL 33612	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.84**	**200.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

GLEN OAKS HEALTH CARE CENTER	Provider Number:	0 005849-00
1100 PINE ST	Date:	6/27/2014
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.59**	**249.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK	Provider Number:	0 005850-00
37135 COLEMAN AVE	Date:	6/27/2014
DADE CITY, FL 33525	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.33**	**221.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKE EUSTIS CARE CENTER	Provider Number:	0 005851-00
411 W WOODWARD AVE	Date:	6/27/2014
EUSTIS, FL 32726	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.27**	**217.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKE PLACID HEALTH CARE CENTER	Provider Number:	0 006339-00
125 TOMOKA BLVD S	Date:	6/27/2014
LAKE PLACID, FL 33852	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.99**	**214.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

WINDSOR MANOR	Provider Number:	0 006340-00
602 E LAURA ST	Date:	6/27/2014
STARKE, FL 32091	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.08**	**216.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SALERNO BAY MANOR	Provider Number:	0 006483-00
4801 SE COVE ROAD	Date:	6/27/2014
STUART, FL 34997	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.22**	**228.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROYAL MANOR	Provider Number:	0 006489-00
600 BUSINESS PARKWAY	Date:	6/27/2014
ROYAL PALM BEACH , FL 33411	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.77**	**236.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

OAKBROOK OF LABELLE	Provider Number:	0 006767-00
250 BROWARD AVE	Date:	6/27/2014
LABELLE, FL 33935	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.91**	**237.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

WOODS OF MANATEE SPRINGS	Provider Number:	0 008793-00
5627 9TH ST E	Date:	6/27/2014
BRADENTON, FL 34203	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.12**	**232.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cardinal Resources, LLC
16 Norcross Street
Roswell, GA 30075

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTYARD GARDENS REHABILITATION CENTER	Provider Number:	0 010082-00
17781 THELMA AVENUE	Date:	6/27/2014
JUPITER , FL 33458	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.60**	**219.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HEARTLAND OF SARASOTA FL, LLC	Provider Number:	0 010453-00
5401 SAWYER RD	Date:	6/27/2014
SARASOTA , FL 34233	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.80**	**233.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
333 North Summit Street

Toledo, OH 43604

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEARTLAND OF BOCA RATON FL, LLC	Provider Number:	0 011997-00
7225 BOCA DEL MAR DRIVE	Date:	6/27/2014
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.89**	**224.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: HCR Manor Care
333 North Summit Street

Toledo, OH 43604

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Medicaid Reimbursement Per Diem Rates

ROYAL PALM HEALTHCARE & REHABILITATION CENTER	Provider Number:	0 011998-00
2180 10TH AVENUE	Date:	6/27/2014
VERO BEACH , FL 32960	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.09**	**242.97**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc
7201 Shallowford Rd, STE 200
Chattanooga, TN 37421

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF SHORE REHAB & NURSING	Provider Number:	0 014169-00
6767 86TH AVE N	Date:	6/27/2014
PINELLAS PARK, FL 33782	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.44**	**238.33**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Hallmark Accounting
368 New Hempstead Road #309
New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

ST. JAMES HEALTH AND REHABILITATION CENTER	Provider Number:	0 015613-00
239 CROOKED RIVER ROAD	Date:	6/27/2014
CARRABELLE, FL 32322	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.30**	**218.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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26691 Richmond Road
Bedford Heights, OH 44146

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Medicaid Reimbursement Per Diem Rates

BAYSIDE MANOR	Provider Number:	0 017221-00
4343 LANGLEY AVENUE	Date:	6/27/2014
PENSACOLA , FL 32504	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.29**	**216.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MARGATE HEALTH CARE CENTER	Provider Number:	0 017222-00
5951 COLONIAL DRIVE	Date:	6/27/2014
MARGATE , FL 33063	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.44**	**236.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD MANOR	Provider Number:	0 017223-00
3107 NORTH H STREET	Date:	6/27/2014
PENSACOLA, FL 32501-1043	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.79**	**214.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAY BREEZE NURSING & RETIREMENT CENTER	Provider Number:	0 017225-00
3387 GULF BREEZE PARKWAY	Date:	6/27/2014
GULF BREEZE, FL 32563	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.95**	**226.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SILVERCREST MANOR	Provider Number:	0 017230-00
910 BROOKMEADE DRIVE	Date:	6/27/2014
CRESTVIEW, FL 32539	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.19**	**216.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
2 North Palafox Street
Pensacola, Fl 32502

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPECIALTY CENTER OF PENSACOLA	Provider Number:	0 017236-00
6984 PINE FOREST ROAD	Date:	6/27/2014
PENSACOLA, FL 32526	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.08**	**226.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GRAND BOULEVARD HEALTH & REHAB. CENTER
138 SANDESTIN LANE
MIRAMAR BEACH, FL 32550

Provider Number:	0 017242-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.17**	**255.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Pensacola Administrative Services, LLC
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Medicaid Reimbursement Per Diem Rates

LAKE BENNETT HEALTH AND REHABLITATION	Provider Number:	0 017301-00
1091 KELTON AVE	Date:	6/27/2014
OCOEE, FL 34761	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.25**	**223.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE PARK SUMMIT AT CORAL SPRINGS	Provider Number:	0 018066-00
8500 ROYAL PALM BLVD	Date:	6/27/2014
CORAL SPRINGS, FL 33065	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.78**	**222.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton, MA 02458

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAY VILLAGE OF SARASOTA	Provider Number:	0 018777-00
8400 VAMO ROAD	Date:	6/27/2014
SARASOTA, FL 34231	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.34**	**255.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

GOLFVIEW HEALTHCARE CENTER	Provider Number:	0 019085-00
3636 10TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33713	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.42**	**225.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Louisville, KY 40299

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHERN PINES HEALTHCARE CENTER	Provider Number:	0 019282-00
6140 CONGRESS ST	Date:	6/27/2014
NEW PORT RICHEY, FL 34653	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.04**	**195.48**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF JACKSONVILLE	Provider Number:	0 019284-00
2061 HYDE PARK RD	Date:	6/27/2014
JACKSONVILLE, FL 32210	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.10**	**208.68**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Louisville, KY 40299

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GOLFCREST HEALTHCARE CENTER	Provider Number:	0 019287-00
600 NORTH 17TH AVE	Date:	6/27/2014
HOLLYWOOD, FL 33020	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.05**	**204.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Louisville, KY 40299

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COASTAL HEALTH AND REHABILITATION CENTER	Provider Number:	0 021261-00
820 N CLYDE MORRIS BLVD	Date:	6/27/2014
DAYTONA BEACH, FL 32117	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.39**	**203.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Pensacola, Fl 32502

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CARLTON SHORES HEALTH AND REHAB CENTER	Provider Number:	0 022138-00
1350 S NOVA RD	Date:	6/27/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.65**	**246.24**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BLOUNTSTOWN HEALTH AND REHABILITATION CENTER	Provider Number:	0 022987-00
16690 SW CHIPOLA RD	Date:	6/27/2014
BLOUNTSTOWN, FL 32424	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.78**	**213.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: WW Healthcare Consultants, LLC
1978 8th Avenue NW
Hickory, NC 28603

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE HOME ASSOCIATION, INC.	Provider Number:	0 022994-00
1203 E 22ND AVE	Date:	6/27/2014
TAMPA, FL 33605	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.98**	**207.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OKEECHOBEE HEALTHCARE FACILITY
1646 HIGHWAY 441 N
OKEECHOBEE, FL 34972

Provider Number:	0 023067-00
Date:	6/27/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.79**	**254.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office: No Home Office

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ASTORIA HEALTH AND REHABILITATION CENTER	Provider Number:	0 023255-00
701 OVERLOOK DR SE	Date:	6/27/2014
WINTER HAVEN, FL 33884	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.18**	**230.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Suite 300
Marion, IN 46952

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KEY WEST HEALTH & REHABILITATION	Provider Number:	0 024167-00
5860 W JUNIOR COLLEGE RD	Date:	6/27/2014
KEY WEST, FL 33040	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.23**	**224.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST BROWARD REHABILITATION AND HEALTHCARE	Provider Number:	0 026536-00
7751 W BROWARD BLVD	Date:	6/27/2014
PLANTATION, FL 33324	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.79**	**252.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE CROSSINGS	Provider Number:	0 028100-00
4445 PINE FOREST DRIVE	Date:	6/27/2014
LAKE WORTH , FL 33463	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**264.68**	**274.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS POINTE CARE CENTER	Provider Number:	0 028133-00
440 PHIPPEN WAITERS ROAD	Date:	6/27/2014
DANIA BEACH, FL 33004	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.20**	**260.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Home Office:

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Medicaid Reimbursement Per Diem Rates

CROSS TERRACE REHABILITATION CENTER	Provider Number:	0 028148-00
1351 SAN CHRISTOPHER DR	Date:	6/27/2014
DUNEDIN, FL 34698	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.65**	**231.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

WUESTHOFF PROGRESSIVE CARE CENTER	Provider Number:	0 028602-00
8050 SPYGLASS HILL RD	Date:	6/27/2014
VIERA, FL 32940	Fiscal Year End:	9/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.37**	**260.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Naples, FL 34108

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF WINDERMERE	Provider Number:	0 030479-00
4875 CASON COVE DRIVE	Date:	6/27/2014
ORLANDO , FL 32811	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.68**	**228.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF PLANT CITY	Provider Number:	0 030484-00
701 N WILDER RD	Date:	6/27/2014
PLANT CITY, FL 33566	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.43**	**239.17**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF PENSACOLA, INC.	Provider Number:	0 030487-00
8475 UNIVERSITY PARKWAY	Date:	6/27/2014
PENSACOLA , FL 32514	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.34**	**228.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PARKWAY HEALTH & REHAB	Provider Number:	0 030490-00
800 SE CENTRAL PKWY	Date:	6/27/2014
STUART, FL 34994	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.93**	**242.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF MERRITT ISLAND	Provider Number:	0 030491-00
500 CROCKETT BLVD	Date:	6/27/2014
MERRITT ISLAND, FL 32953	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.86**	**236.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF LAKE CITY	Provider Number:	0 030527-00
560 SW MCFARLANE AVE	Date:	6/27/2014
LAKE CITY, FL 32025	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.47**	**231.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

IMPERIAL HEALTH CARE CENTER	Provider Number:	0 030530-00
900 IMPERIAL GOLF COURSE BLVD	Date:	6/27/2014
NAPLES, FL 34110	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.35**	**244.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE HEALTH CENTER OF DAYTONA BEACH	Provider Number:	0 030535-00
550 NATIONAL HEALTHCARE DRIVE	Date:	6/27/2014
DAYTONA BEACH , FL 32114	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.30**	**231.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTER OF COCONUT CREEK	Provider Number:	0 030537-00
4125 WEST SAMPLE RD	Date:	6/27/2014
COCONUT CREEK , FL 33073	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.84**	**251.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CHARLOTTE HARBOR HEALTHCARE	Provider Number:	0 030540-00
4000 KINGS HWY	Date:	6/27/2014
PORT CHARLOTTE, FL 33980	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.18**	**243.37**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

BAYONET POINT HEALTH & REHABILITATION CENTER	Provider Number:	0 030546-00
7210 BEACON WOODS DR	Date:	6/27/2014
HUDSON, FL 34667	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.61**	**233.48**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE ARISTOCRAT	Provider Number:	0 030552-00
10949 PARNU STREET	Date:	6/27/2014
NAPLES, FL 34109	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**256.69**	**265.93**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

NORTH CAMPUS REHABILITATION AND HEALTH CENTER	Provider Number:	0 031880-00
700 N PALMETTO ST	Date:	6/27/2014
LEESBURG, FL 34748	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.68**	**245.82**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLYDE E. LASSEN STATE VETERANS' NURSING HOME	Provider Number:	0 032049-00
4650 STATE RD 16	Date:	6/27/2014
SAINT AUGUSTINE, FL 32092	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.54**	**231.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNITY HEALTH AND REHAB CENTER	Provider Number:	0 032482-00
1404 NW 22ND STREET	Date:	6/27/2014
MIAMI, FL 33142	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.81**	**233.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LADY LAKE SPECIALTY CARE CENTER	Provider Number:	0 032486-00
630 GRIFFIN AVENUE	Date:	6/27/2014
LADY LAKE, FL 32159	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.29**	**242.02**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tampa, FL 33610

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNSET LAKE HEALTH AND REHAB CENTER	Provider Number:	0 032551-00
832 SUNSET LAKE BOULEVARD	Date:	6/27/2014
VENICE, FL 34292	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.31**	**252.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LEXINGTON HEALTH & REHABILITATION CENTER	Provider Number:	0 032553-00
6300 46TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.87**	**225.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office: Greystone Healthcare Management, LLC
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Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

SEVEN HILLS HEALTH & REHAB CENTER	Provider Number:	0 033175-00
3333 CAPITAL MEDICAL BLVD	Date:	6/27/2014
TALLAHASSEE, FL 32308	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.99**	**236.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BENDERSON FAMILY SKILLED NURSING & REHAB CENTER	Provider Number:	0 033717-00
1959 N HONORE AVE	Date:	6/27/2014
SARASOTA, FL 34235	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.48**	**243.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

GRACE HEALTHCARE OF LAKE WALES	Provider Number:	0 034504-00
730 N SCENIC HWY	Date:	6/27/2014
LAKE WALES, FL 33853	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.46**	**202.37**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc
7201 Shallowford Rd, STE 200
Chattanooga, TN 37421

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT WELLINGTON GREEN	Provider Number:	0 038640-00
10330 NUVISTA AVENUE	Date:	6/27/2014
WELLINGTON, FL 33414	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.15**	**241.56**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

NUVISTA LIVING AT HILLSBOROUGH LAKES	Provider Number:	0 041324-00
19091 N DALE MABRY HWY	Date:	6/27/2014
LUTZ, FL 33548	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.73**	**237.34**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER WEST		Provider Number:	0 041685-00
545 WEST EUCLID AVENUE		Date:	6/27/2014
DELAND	, FL 32720	Fiscal Year End:	8/31/2013
		Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.30**	**218.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY CENTER EAST	Provider Number:	0 041686-00
991 E NEW YORK AVE	Date:	6/27/2014
DELAND, FL 32724	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.78**	**209.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CROSS LANDINGS HEALTH AND REHAB	Provider Number:	0 042138-00
1780 N JEFFERSON ST	Date:	6/27/2014
MONTICELLO, FL 32344	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.08**	**256.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CROSSWINDS HEALTH AND REHAB	Provider Number:	0 042140-00
13455 W US HWY 90	Date:	6/27/2014
GREENVILLE, FL 32331	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.11**	**253.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERON POINTE HEALTH AND REHABILITATION	Provider Number:	0 043832-00
1445 HOWELL AVE	Date:	6/27/2014
BROOKSVILLE, FL 34601	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.97**	**208.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE CENTER	Provider Number:	0 043833-00
3101 GINGER DRIVE	Date:	6/27/2014
TALLAHASSEE, FL 32308	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.53**	**212.38**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTH CARE CENTER	Provider Number:	0 043835-00
1026 ALBEE FARM RD	Date:	6/27/2014
VENICE, FL 34285	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.34**	**233.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HERITAGE HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043838-00
777 9TH ST N	Date:	6/27/2014
NAPLES, FL 34102	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.74**	**249.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

KEYSTONE REHABILITATION AND HEALTH CENTER	Provider Number:	0 043839-00
1120 WEST DONEGAN AVENUE	Date:	6/27/2014
KISSIMMEE, FL 34741	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.69**	**214.09**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

OAKBRIDGE HEALTHCARE CENTER	Provider Number:	0 043841-00
3110 OAKBRIDGE BLVD E	Date:	6/27/2014
LAKELAND, FL 33803	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.30**	**222.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

OAKTREE HEALTHCARE	Provider Number:	0 043843-00
650 REED CANAL ROAD	Date:	6/27/2014
SOUTH DAYTONA , FL 32119	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.30**	**227.67**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

RIO PINAR HEALTH CARE
7950 LAKE UNDERHILL ROAD
ORLANDO, FL 32822

Provider Number:	0 043846-00
Date:	6/27/2014
Fiscal Year End:	7/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.58**	**224.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND HEALTHCARE CENTER	Provider Number:	0 043847-00
5405 BABCOCK ST NE	Date:	6/27/2014
PALM BAY, FL 32905	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.81**	**225.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CORAL TRACE HEALTH CARE	Provider Number:	0 043848-00
216 SANTA BARBARA BLVD	Date:	6/27/2014
CAPE CORAL, FL 33991	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.21**	**220.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE PARKS HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043850-00
9311 S ORANGE BLOSSOM TRAIL	Date:	6/27/2014
ORLANDO, FL 32837	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.29**	**225.02**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CORAL BAY HEALTHCARE AND REHABILITATION	Provider Number:	0 043851-00
2939 SOUTH HAVERHILL ROAD	Date:	6/27/2014
WEST PALM BEACH , FL 33415	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.96**	**230.94**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

PLANTATION BAY REHABILITATION CENTER	Provider Number:	0 043853-00
4641 OLD CANOE CREEK ROAD	Date:	6/27/2014
SAINT CLOUD, FL 34769	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.90**	**227.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

COLONIAL LAKES HEALTH CARE	Provider Number:	0 043854-00
15204 W COLONIAL DR	Date:	6/27/2014
WINTER GARDEN, FL 34787	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.37**	**225.66**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CENTRAL PARK HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043856-00
702 S KINGS AVE	Date:	6/27/2014
BRANDON, FL 33511	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.53**	**216.88**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

BENEVA LAKES HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 043857-00
741 SOUTH BENEVA ROAD	Date:	6/27/2014
SARASOTA, FL 34232	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.77**	**226.02**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BRADENTON HEALTH CARE	Provider Number:	0 043859-00
6305 CORTEZ RD W	Date:	6/27/2014
BRADENTON, FL 34210	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.51**	**228.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BRANDON HEALTH AND REHABILITATION CENTER	Provider Number:	0 043860-00
1465 OAKFIELD DR	Date:	6/27/2014
BRANDON, FL 33511	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.92**	**212.98**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

FORT PIERCE HEALTH CARE	Provider Number:	0 043861-00
611 S 13TH STREET	Date:	6/27/2014
FORT PIERCE, FL 34950-4054	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.34**	**242.11**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HABANA HEALTH CARE CENTER	Provider Number:	0 043862-00
2916 HABANA WAY	Date:	6/27/2014
TAMPA , FL 33614	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.57**	**229.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE HEALTH AND REHABILITATION CENTRE AT DOLPHINS VIEW
1820 SHORE DR S
SOUTH PASADENA, FL 33707

Provider Number: 0 043863-00
Date: 6/27/2014
Fiscal Year End: 7/31/2012
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.65**	**245.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

GRAND OAKS HEALTH AND REHABILITATION CENTER	Provider Number:	0 043864-00
3001 PALM COAST PARKWAY SE	Date:	6/27/2014
PALM COAST , FL 32137	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.16**	**211.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HARTS HARBOR HEALTH CARE CENTER	Provider Number:	0 043865-00
11565 HARTS ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32218	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.79**	**206.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

FLETCHER HEALTH AND REHABILITATION CENTER	Provider Number:	0 043866-00
518 W FLETCHER AVE	Date:	6/27/2014
TAMPA, FL 33612	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.48**	**211.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

WEDGEWOOD HEALTHCARE CENTER	Provider Number:	0 043867-00
1010 CARPENTERS WAY	Date:	6/27/2014
LAKELAND, FL 33809	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.47**	**233.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

DELTONA HEALTH CARE	Provider Number:	0 043868-00
1851 ELKCAM BLVD	Date:	6/27/2014
DELTONA, FL 32725	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.91**	**221.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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LAKE MARY HEALTH AND REHABILITATION CENTER	Provider Number:	0 043871-00
710 NORTH SUN DRIVE	Date:	6/27/2014
LAKE MARY, FL 32746	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.90**	**214.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

COUNTRYSIDE REHAB AND HEALTHCARE CENTER	Provider Number:	0 043872-00
3825 COUNTRYSIDE BLVD N	Date:	6/27/2014
PALM HARBOR, FL 34684	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.73**	**213.66**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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HARBOR BEACH NURSING AND REHABILITATION CENTER	Provider Number:	0 043873-00
1615 MIAMI ROAD	Date:	6/27/2014
FORT LAUDERDALE, FL 33316	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.48**	**248.85**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTER AT BRENTWOOD	Provider Number:	0 043874-00
2333 N BRENTWOOD CIR	Date:	6/27/2014
LECANTO, FL 34461	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.43**	**208.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

GOVERNOR'S CREEK HEALTH AND REHABILITATION
803 OAK ST
GREEN COVE SPRINGS, FL 32043

Provider Number:	0 043875-00
Date:	6/27/2014
Fiscal Year End:	7/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.15**	**209.65**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

LARGO REHAB & SPA	Provider Number:	0 043876-00
9035 BRYAN DAIRY RD	Date:	6/27/2014
LARGO, FL 33777	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.35**	**224.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MAGNOLIA HEALTH AND REHABILITATION CENTER	Provider Number:	0 043877-00
1507 SOUTH TUTTLE AVENUE	Date:	6/27/2014
SARASOTA, FL 34239	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.01**	**222.33**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MARSHALL HEALTH AND REHABILITATION CENTER	Provider Number:	0 043878-00
207 MARSHALL DRIVE	Date:	6/27/2014
PERRY, FL 32347	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.83**	**209.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

NORTH FLORIDA REHABILITATION AND SPECIALTY CARE	Provider Number:	0 043880-00
6700 NW 10TH PLACE	Date:	6/27/2014
GAINESVILLE, FL 32605	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.01**	**215.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CRESTVIEW REHABILITATION CENTER	Provider Number:	0 044886-00
1849 FIRST AVENUE EAST	Date:	6/27/2014
CRESTVIEW , FL 32539	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.16**	**238.09**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

FORT WALTON REHABILITATION CENTER	Provider Number:	0 044888-00
1 LBJ SR DRIVE	Date:	6/27/2014
FORT WALTON BEACH, FL 32548	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.21**	**239.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

RIVER VALLEY REHABILITATION CENTER	Provider Number:	0 044889-00
17884 NE CROZIER ST	Date:	6/27/2014
BLOUNTSTOWN, FL 32424	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.34**	**238.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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PLANTATION KEY NURSING CENTER	Provider Number:	0 044975-00
48 HIGH POINT ROAD	Date:	6/27/2014
TAVERNIER, FL 33070	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**250.94**	**264.69**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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THE CROSSROADS	Provider Number:	0 045471-00
206 W ORANGE ST	Date:	6/27/2014
DAVENPORT, FL 33837	Fiscal Year End:	1/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.81**	**249.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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HOMESTEAD MANOR A PALACE COMMUNITY	Provider Number:	0 046017-00
1330 NW 1ST AVE	Date:	6/27/2014
HOMESTEAD, FL 33030	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**261.20**	**243.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Miami, FL 33176

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VICTORIA NURSING AND REHABILITATION CENTER, INC.	Provider Number:	0 046128-00
955 NW 3RD ST	Date:	6/27/2014
MIAMI, FL 33128	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.55**	**245.44**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CROSSBREEZE CARE CENTER	Provider Number:	0 046233-00
1755 18TH ST	Date:	6/27/2014
SARASOTA, FL 34234	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.07**	**257.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

RIVERSIDE CARE CENTER	Provider Number:	0 046758-00
899 NW 4TH STREET	Date:	6/27/2014
MIAMI, FL 33128	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.30**	**259.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Stacey Enterprises, Inc
421 Garrard Street
Covington, KY 41011

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RENAISSANCE HEALTH AND REHABILITATION	Provider Number:	0 047787-00
5065 WALLIS ROAD	Date:	6/27/2014
WEST PALM BEACH , FL 33415	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.56**	**238.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
800 Concourse Parkway South
Maitland, FL 32751

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOOD LAKE NURSING AND REHABILITATION CENTER	Provider Number:	0 047788-00
6414 13TH ROAD SOUTH	Date:	6/27/2014
WEST PALM BEACH , FL 33415	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.53**	**234.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
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Medicaid Reimbursement Per Diem Rates

HILLCREST NURSING AND REHABILITATION CENTER	Provider Number:	0 047795-00
4200 WASHINGTON STREET	Date:	6/27/2014
HOLLYWOOD , FL 33021	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.70**	**207.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTRAL PARK	Provider Number:	0 048441-00
411 NORTH DILLARD STREET	Date:	6/27/2014
WINTER GARDEN, FL 34787	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.26**	**237.44**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

OCALA OAKS REHABILITATION CENTER	Provider Number:	0 048611-00
3930 E SILVER SPRINGS BLVD	Date:	6/27/2014
OCALA, FL 34470-5006	Fiscal Year End:	11/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.87**	**245.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

NEW RIVIERA NURSING AND REHABILITATION CENTER	Provider Number:	0 048807-00
6901 YUMURI STREET	Date:	6/27/2014
CORAL GABLES, FL 33146	Fiscal Year End:	11/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.55**	**259.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SOUTH DADE NURSING AND REHABILITATION CENTER	Provider Number:	0 054789-00
17475 S DIXIE HWY	Date:	6/27/2014
MIAMI, FL 33157	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.66**	**209.46**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

GOLDEN GLADES NURSING AND REHABILITATION CENTER	Provider Number:	0 054790-00
220 SIERRA DRIVE	Date:	6/27/2014
MIAMI , FL 33179	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.49**	**239.40**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

CALUSA HARBOUR	Provider Number:	0 059369-00
2525 FIRST ST	Date:	6/27/2014
FORT MYERS, FL 33901	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.37**	**247.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 0593690630201310012012101020131151 48

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Medicaid Reimbursement Per Diem Rates

STRATFORD COURT OF PALM HARBOR	Provider Number:	0 059400-00
45 KATHERINE BLVD	Date:	6/27/2014
PALM HARBOR, FL 34684	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**241.16**	**252.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 0594000630201310012012101020131324 04

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Medicaid Reimbursement Per Diem Rates

GARDENS OF PORT ST. LUCIE	Provider Number:	0 059404-00
1699 SE LYNGATE DRIVE	Date:	6/27/2014
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.08**	**254.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 0594040630201310012012101020131509 19

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Medicaid Reimbursement Per Diem Rates

SUMMER BROOK HEALTH CARE CENTER	Provider Number:	0 059783-00
5377 MONCRIEF ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32209	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.90**	**204.60**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SHOAL CREEK REHABILITATION CENTER	Provider Number:	0 059852-00
500 HOSPITAL DRIVE	Date:	6/27/2014
CRESTVIEW, FL 32539	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.07**	**207.01**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
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Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

ENGLEWOOD HEALTHCARE &REHABILITATION CENTER	Provider Number:	0 059855-00
1111 DRURY LANE	Date:	6/27/2014
ENGLEWOOD, FL 34224	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.10**	**213.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ISLAND HEALTH AND REHABILITATION CENTER	Provider Number:	0 059866-00
125 ALMA BLVD	Date:	6/27/2014
MERRITT ISLAND, FL 32953	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.96**	**211.06**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ROSEWOOD HEALTH AND REHABILITATION CENTER	Provider Number:	0 059869-00
3920 ROSEWOOD WAY	Date:	6/27/2014
ORLANDO, FL 32808	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.41**	**226.82**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

EVANS HEALTH CARE	Provider Number:	0 059873-00
3735 EVANS AVE	Date:	6/27/2014
FORT MYERS, FL 33901	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.54**	**225.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SEA BREEZE HEALTH CARE	Provider Number:	0 059874-00
1937 JENKS AVE	Date:	6/27/2014
PANAMA CITY, FL 32405	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.08**	**200.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: CMC II, LLC
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Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

SPRING HILL HEALTH AND REHABILITATION CENTER	Provider Number:	0 059877-00
12170 CORTEZ BLVD	Date:	6/27/2014
BROOKSVILLE, FL 34613	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.41**	**215.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: CMC II, LLC
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Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

EMERALD SHORES HEALTH AND REHABILITATION	Provider Number:	0 060972-00
626 NORTH TYNDALL PARKWAY	Date:	6/27/2014
CALLAWAY, FL 32404	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.22**	**219.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY HILLS HEALTH AND REHABILITATION	Provider Number:	0 060993-00
10040 HILLVIEW ROAD	Date:	6/27/2014
PENSACOLA , FL 32514	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.20**	**210.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HERITAGE PARK REHABILITATION AND HEALTHCARE	Provider Number:	0 061095-00
2826 CLEVELAND AVE	Date:	6/27/2014
FORT MYERS, FL 33901	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.14**	**228.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Cost Reimbursement Planning and Finance

Home Office: CMC II, LLC
800 Concourse Parkway South
Maitland, FL 32751

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DESTIN HEALTHCARE AND REHABILITATION CENTER
195 MATTIE M KELLY BLVD
DESTIN, FL 32541

Provider Number:	0 061101-00
Date:	6/27/2014
Fiscal Year End:	7/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.28**	**211.33**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SAN JOSE HEALTH AND REHABILITATION CENTER	Provider Number:	0 061102-00
9355 SAN JOSE BLVD	Date:	6/27/2014
JACKSONVILLE, FL 32257	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.25**	**220.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

SEAVIEW NURSING AND REHABILITATION CENTER	Provider Number:	0 061107-00
2401 NE 2ND STREET	Date:	6/27/2014
POMPANO BEACH, FL 33062	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.86**	**234.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

VISTA MANOR	Provider Number:	0 061109-00
1550 JESS PARRISH CT	Date:	6/27/2014
TITUSVILLE, FL 32796	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.46**	**218.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LAKESIDE OAKS CARE CENTER	Provider Number:	0 061140-00
1061 VIRGINIA ST	Date:	6/27/2014
DUNEDIN, FL 34698	Fiscal Year End:	7/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.81**	**229.11**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

WHITEHALL BOCA RATON	Provider Number:	0 071884-00
7300 DEL PRADO CIRCLE SOUTH	Date:	6/27/2014
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.89**	**245.42**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Vanguard Healthcare, LLC
6 Cadillac Drive
Suite 310
Brentwood, TN 37027

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH CAMPUS REHABILITATION & NURSING CENTER	Provider Number:	0 072048-00
715 E DIXIE AVE	Date:	6/27/2014
LEESBURG, FL 34748	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.63**	**240.25**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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No Change in Rate

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER OF ST. PETE	Provider Number:	0 072054-00
435 42ND AVE S	Date:	6/27/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**241.25**	**251.58**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

THE CLUB HEALTH AND REHAB CENTER AT THE VILLAGES	Provider Number:	0 072320-00
16529 SE 86TH BELLE MEADE CIRCLE	Date:	6/27/2014
THE VILLAGES, FL 32162-5885	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.98**	**217.64**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRADEN RIVER REHABILITATION CENTER, LLC	Provider Number:	0 073324-00
2010 MANATEE AVE E	Date:	6/27/2014
BRADENTON, FL 34208	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.37**	**235.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
X	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Southern HealthCare Management, LLC
5887 Glenridge Drive, Suite 150
Atlanta, GA 30328

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE GROVES CENTER	Provider Number:	0 080062-00
512 S 11TH ST	Date:	6/27/2014
LAKE WALES, FL 33853	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.20**	**193.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

LAKELAND HILLS CENTER	Provider Number:	0 080068-00
610 E BELLA VISTA DR	Date:	6/27/2014
LAKELAND, FL 33805	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.12**	**190.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

TARPON BAYOU CENTER	Provider Number:	0 080079-00
515 CHESAPEAKE DR	Date:	6/27/2014
TARPON SPRINGS, FL 34689	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.39**	**215.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BAYONET POINT	Provider Number:	0 080374-00
8132 HUDSON AVENUE	Date:	6/27/2014
HUDSON , FL 34667	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.38**	**193.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF BRANDON	Provider Number:	0 080377-00
701 VICTORIA ST	Date:	6/27/2014
BRANDON, FL 33510	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.26**	**198.43**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF JACKSONVILLE	Provider Number:	0 080384-00
4101 SOUTHPOINT DRIVE EAST	Date:	6/27/2014
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.23**	**207.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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CONSULATE HEALTH CARE OF KISSIMMEE	Provider Number:	0 080387-00
2511 JOHN YOUNG PARKWAY NORTH	Date:	6/27/2014
KISSIMMEE, FL 34741	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.05**	**201.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF LAKELAND	Provider Number:	0 080391-00
5245 N SOCRUM LOOP RD	Date:	6/27/2014
LAKELAND, FL 33809	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.56**	**195.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF LAKE PARKER	Provider Number:	0 080393-00
2020 W LAKE PARKER DR	Date:	6/27/2014
LAKELAND, FL 33805	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.01**	**198.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Maitland, FL 32751

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF MELBOURNE	Provider Number:	0 080394-00
3033 SARNO RD	Date:	6/27/2014
MELBOURNE, FL 32934	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.52**	**201.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF NEW PORT RICHEY	Provider Number:	0 080397-00
8417 OLD COUNTY RD 54	Date:	6/27/2014
NEW PORT RICHEY, FL 34653	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**180.76**	**189.22**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF NORTH FT. MYERS	Provider Number:	0 080400-00
991 PONDELLA RD	Date:	6/27/2014
NORTH FORT MYERS, FL 33903	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**183.42**	**192.48**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF ORANGE PARK	Provider Number:	0 080402-00
1215 KINGSLEY AVE	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.63**	**191.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PENSACOLA	Provider Number:	0 080405-00
235 WEST AIRPORT BLVD	Date:	6/27/2014
PENSACOLA , FL 32505	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.95**	**197.93**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF SAFETY HARBOR
1410 DR MARTIN LUTHER KING JR ST N
SAFETY HARBOR, FL 34695

Provider Number:	0 080406-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.67**	**198.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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CONSULATE HEALTH CARE OF ST. PETERSBURG
9393 PARK BLVD
SEMINOLE, FL 33777

Provider Number:	0 080409-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.90**	**208.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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CONSULATE HEALTH CARE OF SARASOTA
4783 FRUITVILLE ROAD
SARASOTA, FL 34232

Provider Number:	0 080413-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.55**	**227.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF PORT CHARLOTTE	Provider Number:	0 080416-00
18480 COCHRAN BLVD	Date:	6/27/2014
PORT CHARLOTTE, FL 33948	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.56**	**206.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF TALLAHASSEE	Provider Number:	0 080428-00
1650 PHILLIPS RD	Date:	6/27/2014
TALLAHASSEE , FL 32308	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**183.58**	**193.70**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF VERO BEACH	Provider Number:	0 080430-00
1310 37TH STREET	Date:	6/27/2014
VERO BEACH , FL 32960	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.81**	**202.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE AT WEST ALTAMONTE	Provider Number:	0 080431-00
1099 WEST TOWN PARKWAY	Date:	6/27/2014
ALTAMONTE SPRINGS, FL 32714	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.52**	**205.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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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 080432-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.03**	**212.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CONSULATE HEALTH CARE OF WINTER HAVEN	Provider Number:	0 080434-00
2701 LAKE ALFRED RD	Date:	6/27/2014
WINTER HAVEN, FL 33881	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.73**	**206.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

FRANCO NURSING AND REHABILITATION CENTER	Provider Number:	0 080436-00
800 NW 95TH STREET	Date:	6/27/2014
MIAMI , FL 33150	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.74**	**214.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE VILLAGES REHABILITATION AND NURSING CENTER	Provider Number:	0 081046-00
900 HIGHWAY 466	Date:	6/27/2014
LADY LAKE, FL 32159	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.88**	**239.17**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

UNIVERSITY PLAZA REHABILITATION & NURSING CENTER	Provider Number:	0 082204-00
724 NW 19TH ST	Date:	6/27/2014
MIAMI, FL 33136	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.38**	**247.40**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BARTRAM CROSSING	Provider Number:	0 086990-00
6209 BROOKS BARTRAM DRIVE	Date:	6/27/2014
BUIDLING 100	Fiscal Year End:	6/30/2014
JACKSONVILLE, FL 32258	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.88**	**241.83**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

X	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Jacksonville, FL 32216

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CROSS GARDENS CARE CENTER	Provider Number:	0 088049-00
190 NE 191ST STREET	Date:	6/27/2014
MIAMI , FL 33179	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**252.77**	**269.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

WATERCREST CARE CENTER	Provider Number:	0 089220-00
16650 W DIXIE HWY	Date:	6/27/2014
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	3/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.60**	**238.03**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

X	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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OSPREY POINT NURSING CENTER	Provider Number:	0 092678-00
1104 NORTH MAIN STREET	Date:	6/27/2014
BUSHNELL , FL 33513	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.66**	**216.23**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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BAYA POINTE NURSING AND REHABILITATION CENTER	Provider Number:	0 092681-00
587 SE ERMINE AVE	Date:	6/27/2014
LAKE CITY, FL 32025	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.32**	**222.15**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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HAWTHORNE HEALTH AND REHAB OF SARASOTA	Provider Number:	0 094353-00
5381 DESOTO ROAD	Date:	6/27/2014
SARASOTA, FL 34235	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.30**	**241.93**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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WILLOWBROOKE COURT AT AZALEA TRACE	Provider Number:	0 096150-00
10100 HILLVIEW DR	Date:	6/27/2014
PENSACOLA, FL 32514	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.31**	**224.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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PALM GARDEN OF AVENTURA	Provider Number:	0 098577-00
21251 E DIXIE HIGHWAY	Date:	6/27/2014
NORTH MIAMI BEACH , FL 33180	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.05**	**240.23**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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PALM GARDEN OF CLEARWATER	Provider Number:	0 098580-00
3480 MCMULLEN BOOTH RD	Date:	6/27/2014
CLEARWATER, FL 33761	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.79**	**244.59**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

X	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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PALM GARDEN OF GAINESVILLE	Provider Number:	0 098581-00
227 SW 62ND BLVD	Date:	6/27/2014
GAINESVILLE, FL 32607	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.33**	**231.33**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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PALM GARDEN OF JACKSONVILLE	Provider Number:	0 098582-00
5725 SPRING PARK ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32216	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.15**	**236.84**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change

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PALM GARDEN OF LARGO	Provider Number:	0 098583-00
10500 STARKEY RD	Date:	6/27/2014
LARGO, FL 33777	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.84**	**238.61**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

X	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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PALM GARDEN OF OCALA	Provider Number:	0 098584-00
2700 SW 34TH ST	Date:	6/27/2014
OCALA, FL 34474	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.59**	**231.07**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF ORLANDO	Provider Number:	0 098586-00
654 N ECONLOCKHATCHEE TRAIL	Date:	6/27/2014
ORLANDO, FL 32825-6402	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.62**	**231.04**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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PALM GARDEN OF PINELLAS	Provider Number:	0 098587-00
200 16TH AVE SE	Date:	6/27/2014
LARGO, FL 33771	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.06**	**235.97**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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PALM GARDEN OF PORT SAINT LUCIE	Provider Number:	0 098588-00
1751 SE HILLMOOR DRIVE	Date:	6/27/2014
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.93**	**230.60**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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PALM GARDEN OF SUN CITY	Provider Number:	0 098589-00
3850 UPPER CREEK DR	Date:	6/27/2014
SUN CITY CENTER, FL 33573	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.54**	**241.60**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF TAMPA
3612 E 138TH AVE
TAMPA, FL 33613

Provider Number: 0 098590-00
Date: 6/27/2014
Fiscal Year End: 10/31/2014
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.91**	**242.63**	**7/1/2014**

Rate Type:

X Interim
X Total Interim
Interim Component
Settlement based on cost
Prior Provider Prospective data

Prospective
Total Prospective
Total Prospective with Interim Component

Basis:

X Budget
Unaudited costs
Field audited costs
Desk audited costs

Changes:

X Rate Semester Change

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PALM GARDEN OF VERO BEACH	Provider Number:	0 098591-00
1755 37TH STREET	Date:	6/27/2014
VERO BEACH , FL 32960	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.12**	**226.18**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

X	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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PALM GARDEN OF WEST PALM BEACH	Provider Number:	0 098592-00
300 EXECUTIVE CENTER DRIVE	Date:	6/27/2014
WEST PALM BEACH , FL 33401	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.19**	**227.46**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

PALM GARDEN OF WINTER HAVEN	Provider Number:	0 098593-00
1120 CYPRESS GARDENS BLVD	Date:	6/27/2014
WINTER HAVEN, FL 33884	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.11**	**219.51**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

COMMUNITY HEALTH AND REHABILITATION CENTER	Provider Number:	0 098972-00
3611 TRANSMITTER ROAD	Date:	6/27/2014
PANAMA CITY, FL 32404-9799	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.50**	**233.55**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Medicaid Reimbursement Per Diem Rates

GULFPORT REHABILITATION CENTER	Provider Number:	0 099366-00
1430 PASADENA AVE S	Date:	6/27/2014
SOUTH PASADENA, FL 33707	Fiscal Year End:	7/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.10**	**211.74**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Signature Healthcare LLC
12201 Bluegrass Parkway
Louisville, KY 40299

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Medicaid Reimbursement Per Diem Rates

THE TERRACE OF KISSIMMEE	Provider Number:	0 100487-00
221 PARK PLACE BLVD	Date:	6/27/2014
KISSIMMEE, FL 34741	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.14**	**209.70**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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BAPTIST MANOR	Provider Number:	0 100509-00
10095 HILLVIEW ROAD	Date:	6/27/2014
PENSACOLA , FL 32514	Fiscal Year End:	9/30/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.61**	**223.06**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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2 North Palafox Street
Pensacola, Fl 32502

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Medicaid Reimbursement Per Diem Rates

THE OAKS OF CLEARWATER	Provider Number:	0 101391-00
420 BAY AVE	Date:	6/27/2014
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.82**	**220.63**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Suite 200
Clearwater, FL 33760

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CARRINGTON PLACE OF ST. PETE	Provider Number:	0 101959-00
10501 ROOSEVELT BLVD N	Date:	6/27/2014
SAINT PETERSBURG, FL 33716	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.27**	**210.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Clearwater, FL 33763

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Medicaid Reimbursement Per Diem Rates

TRINITY REGIONAL REHAB CENTER	Provider Number:	0 101961-00
2144 WELBILT BLVD	Date:	6/27/2014
TRINITY, FL 34655	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.61**	**212.68**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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EAGLE LAKE REHAB & CARE CENTER	Provider Number:	0 101963-00
1100 66TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33710	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.37**	**215.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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THE TERRACE OF ST. CLOUD	Provider Number:	0 102419-00
3855 OLD CANOE CREEK ROAD	Date:	6/27/2014
SAINT CLOUD, FL 34769	Fiscal Year End:	10/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.80**	**216.82**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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DESOTO HEALTH AND REHAB	Provider Number:	0 103177-00
475 NURSING HOME DR	Date:	6/27/2014
ARCADIA, FL 34266	Fiscal Year End:	12/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**261.09**	**270.45**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

COMMUNITY CONVALESCENT CENTER	Provider Number:	0 103425-00
2202 W OAK AVE	Date:	6/27/2014
PLANT CITY, FL 33563	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.29**	**213.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

OCOEE HEALTH CARE CENTER	Provider Number:	0 103852-00
1556 MAGUIRE RD	Date:	6/27/2014
OCOEE, FL 34761	Fiscal Year End:	2/28/2015
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.64**	**248.12**	**7/1/2014**

Rate Type:

X	Interim		Prospective
X	Total Interim		Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- X Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

- X Rate Semester Change
-

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

BON SECOURS MARIA MANOR	Provider Number:	0 200107-00
10300 4TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33716	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.05**	**234.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER OAKS	Provider Number:	0 200409-00
4449 MEANDERING WAY	Date:	6/27/2014
TALLAHASSEE, FL 32308	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.27**	**205.85**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

FLORIDEAN NURSING HOME, INC.	Provider Number:	0 200425-00
47 NW 32 PLACE	Date:	6/27/2014
MIAMI, FL 33125	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.71**	**259.69**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MIAMI JEWISH HEALTH SYSTEMS	Provider Number:	0 200506-00
5200 NE 2ND AVENUE	Date:	6/27/2014
MIAMI, FL 33137	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.78**	**241.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

PINES NURSING HOME	Provider Number:	0 200620-00
301 NE 141 STREET	Date:	6/27/2014
MIAMI, FL 33161	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.92**	**237.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ALL SAINTS CATHOLIC NURSING HOME & R.C. INC.	Provider Number:	0 200735-00
5888 BLANDING BLVD	Date:	6/27/2014
JACKSONVILLE, FL 32244	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.74**	**232.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

RIVER GARDEN HEBREW HOME	Provider Number:	0 200859-00
11401 OLD SAINT AUGUSTINE RD	Date:	6/27/2014
JACKSONVILLE, FL 32258-1402	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**241.97**	**254.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT JACKSONVILLE BEACH	Provider Number:	0 200913-00
1504 SEABREEZE AVE	Date:	6/27/2014
JACKSONVILLE BEACH, FL 32250	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.64**	**227.94**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
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 CLEARWATER	Provider Number:	0 200956-00
2055 PALMETTO ST	Date:	6/27/2014
CLEARWATER, FL 33765	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.96**	**241.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MEMORIAL MANOR NURSING HOME	Provider Number:	0 201006-00
777 SOUTH DOUGLAS ROAD	Date:	6/27/2014
PEMBROKE PINES , FL 33025	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.86**	**235.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Memorial Healthcare System
3501 Johnson Street
Hollywood, FL 33021

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GULF COAST VILLAGE CARE CENTER	Provider Number:	0 201120-00
1333 SANTA BARBARA BLVD	Date:	6/27/2014
CAPE CORAL, FL 33991	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.91**	**240.07**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HOBE SOUND GERIATRIC VILLAGE, INC.	Provider Number:	0 201545-00
9555 SE FEDERAL HWY	Date:	6/27/2014
HOBE SOUND, FL 33455	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.78**	**235.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE GARDENS AT DEPUGH NURSING CENTER	Provider Number:	0 201588-00
550 W MORSE BLVD	Date:	6/27/2014
WINTER PARK, FL 32789	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.41**	**225.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

GUARDIAN CARE NURSING & REHABILITATION CENTER	Provider Number:	0 201651-00
2500 W CHURCH STREET	Date:	6/27/2014
ORLANDO, FL 32805	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.50**	**248.17**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

WESTCHESTER GARDENS REHABILITATION & CARE CENTER	Provider Number:	0 202011-00
3301 N MCMULLEN BOOTH RD	Date:	6/27/2014
CLEARWATER, FL 33761	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.25**	**240.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE ROHR HOME	Provider Number:	0 202533-00
2120 MARSHALL EDWARDS DR	Date:	6/27/2014
BARTOW, FL 33830	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**247.20**	**262.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SAMANTHA R. WILSON AT BAY VIEW
161A MARINE STREET
SAINT AUGUSTINE, FL 32084

Provider Number:	0 202606-00
Date:	6/27/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.50**	**236.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

PINES OF SARASOTA	Provider Number:	0 202703-00
1501 N ORANGE AVE	Date:	6/27/2014
SARASOTA, FL 34236	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**255.16**	**266.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

SUNNYSIDE NURSING HOME	Provider Number:	0 202711-00
5201 BAHIA VISTA STREET	Date:	6/27/2014
SARASOTA, FL 34232	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**263.20**	**268.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunnyside Properties Of Sarasota
5201 Bahia Vista Street
Sarasota, FL 34232

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

ALLIANCE COMMUNITY FOR RETIREMENT LIVING	Provider Number:	0 202789-00
130 W ARMSTRONG AVENUE	Date:	6/27/2014
DELAND, FL 32720	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.03**	**195.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MIRACLE HILL NURSING AND REHABILITATION CENTERS, I	Provider Number:	0 202941-00
1329 ABRAHAM STREET	Date:	6/27/2014
TALLAHASSEE , FL 32304	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.14**	**213.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LEESBURG	Provider Number:	0 203122-00
2000 EDGEWOOD AVE	Date:	6/27/2014
LEESBURG, FL 34748	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.20**	**235.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLA MARIA NURSING & REHABILITATION	Provider Number:	0 203165-00
1050 NE 125TH STREET	Date:	6/27/2014
NORTH MIAMI, FL 33161	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.02**	**264.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

GLADES HEALTH CARE CENTER	Provider Number:	0 203203-00
230 SOUTH BARFIELD HIGWAY	Date:	6/27/2014
PAHOKEE, FL 33476	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.32**	**256.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT INVERNESS	Provider Number:	0 203220-00
304 S CITRUS AVE	Date:	6/27/2014
INVERNESS, FL 34452	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.67**	**241.88**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4000 Hollywood Blvd, Suite 540-N
Hollywood, FL 33021-6744

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Medicaid Reimbursement Per Diem Rates

AVANTE AT LAKE WORTH	Provider Number:	0 203238-00
2501 NORTH A STREET	Date:	6/27/2014
LAKE WORTH , FL 33460-6013	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**247.16**	**257.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Avante Group, Inc.
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	Provider Number:	0 203327-00
11215 SW 84TH STREET	Date:	6/27/2014
MIAMI, FL 33173	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.00**	**240.62**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Professional Care I, Inc.
10850 SW 113th Place
Miami, FL 33176

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TIMBERRIDGE NURSING & REHAB CENTER	Provider Number:	0 203335-00
9848 SW 110TH ST	Date:	6/27/2014
OCALA, FL 34481	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.45**	**236.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

MARIANNA HEALTH & REHABILITATION	Provider Number:	0 203475-00
4295 FIFTH AVENUE	Date:	6/27/2014
MARIANNA , FL 32446	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.25**	**226.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

MANOR AT CARPENTER'S	Provider Number:	0 203599-00
1001 CARPENTERS WAY	Date:	6/27/2014
LAKELAND , FL 33809	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.37**	**236.65**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

PERDUE MEDICAL CENTER	Provider Number:	0 203670-00
19590 OLD CUTLER ROAD	Date:	6/27/2014
CUTLER RIDGE, FL 33157	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.31**	**239.72**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE OF FLORIDA	Provider Number:	0 203769-00
830 LAKESIDE CIRCLE	Date:	6/27/2014
POMPANO BEACH, FL 33060	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.53**	**223.97**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER ASBURY TOWERS	Provider Number:	0 203815-00
1533 4TH AVE W	Date:	6/27/2014
BRADENTON, FL 34205	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.82**	**210.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LISENBY ON LAKE CAROLINE	Provider Number:	0 203980-00
1400 W 11TH ST	Date:	6/27/2014
PANAMA CITY, FL 32401	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**165.30**	**171.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MEASE CONTINUING CARE	Provider Number:	0 204072-00
910 NEW YORK AVE	Date:	6/27/2014
DUNEDIN, FL 34698	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.62**	**223.72**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

JACKSON MEMORIAL LONG TERM CARE CENTER	Provider Number:	0 204161-00
2500 NW 22ND AVE	Date:	6/27/2014
MIAMI, FL 33142	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.64**	**234.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF BOCA RATON	Provider Number:	0 204170-00
6363 VERDE TRAIL	Date:	6/27/2014
BOCA RATON , FL 33433	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.83**	**259.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

OLDS HALL GOOD SAMARITAN	Provider Number:	0 204391-00
325 S SEGRAVE STREET	Date:	6/27/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.58**	**243.01**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Evangelical Lutheran Good Samaritan
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.	Provider Number:	0 204536-00
3937 SPRING PARK ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32207	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.68**	**202.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TRI-COUNTY NURSING HOME	Provider Number:	0 204625-00
7280 SW STATE RD 26	Date:	6/27/2014
TRENTON, FL 32693	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.97**	**207.70**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

ST. CATHERINE LABOURE MANOR	Provider Number:	0 205150-00
1750 STOCKTON ST	Date:	6/27/2014
JACKSONVILLE, FL 32204	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.76**	**233.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

KISSIMMEE GOOD SAMARITAN	Provider Number:	0 205303-00
1500 SOUTHGATE DRIVE	Date:	6/27/2014
KISSIMMEE, FL 34746	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.98**	**219.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AMERICAN FINNISH NURSING HOME	Provider Number:	0 205460-00
1800 SOUTH DRIVE	Date:	6/27/2014
LAKE WORTH, FL 33461	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.38**	**256.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

HEALTH CENTER AT ABBEY DELRAY	Provider Number:	0 205745-00
2105 SW 11TH COURT	Date:	6/27/2014
DELRAY BEACH, FL 33445	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**251.05**	**260.25**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: LifeSpace Communities, Inc.
100 East Grand Ave.
Suite 200
Des Moines, IA 50309

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE COMMONS AT ORLANDO LUTHERAN TOWERS	Provider Number:	0 205796-00
210 LAKE AVENUE	Date:	6/27/2014
ORLANDO, FL 32801	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.64**	**211.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST JOHN'S NURSING HOME	Provider Number:	0 205800-00
3075 NW 35TH AVE	Date:	6/27/2014
LAUDERDALE LAKES, FL 33311	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.00**	**257.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LOURDES-NOREEN MCKEEN RESIDENCE	Provider Number:	0 205923-00
315 S FLAGLER DR	Date:	6/27/2014
WEST PALM BEACH, FL 33401	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**254.58**	**268.02**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUWANNEE VALLEY NURSING CENTER
427 15TH AVENUE NORTHWEST
JASPER, FL 32052-5874

Provider Number:	0 206300-00
Date:	6/27/2014
Fiscal Year End:	8/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.44**	**250.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MORTON PLANT REHABILITATION CENTER	Provider Number:	0 206431-00
400 CORBETT ST	Date:	6/27/2014
BELLEAIR, FL 33756	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.28**	**238.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Baycare Health System
2985 Drew Street
Clearwater, FL 33759

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAINT ANDREWS ESTATES NORTH	Provider Number:	0 206521-00
6152 N VERDE TRAIL	Date:	6/27/2014
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.43**	**243.39**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Acts, Inc
375 Morris Road
West Point, PA 19486

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE WATERFORD	Provider Number:	0 206610-00
601 UNIVERSE BLVD	Date:	6/27/2014
JUNO BEACH, FL 33408	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**259.79**	**268.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Retirement Comm.,Inc.
200 East Grand Avenue
Suite 390
Des Moines, IA 50309-1800

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ABBEY DELRAY SOUTH	Provider Number:	0 206865-00
1717 HOMEWOOD BLVD	Date:	6/27/2014
DELRAY BEACH, FL 33445	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**258.43**	**267.68**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: LifeSpace Communities, Inc.
100 East Grand Ave.
Suite 200
Des Moines, IA 50309

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JOSEPH L. MORSE GERIATRIC CENTER, INC	Provider Number:	0 207381-00
4847 FRED GLADSTONE DRIVE	Date:	6/27/2014
WEST PALM BEACH, FL 33417	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.02**	**240.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TAYLOR CARE CENTER, INC.	Provider Number:	0 207446-00
6535 CHESTER AVENUE	Date:	6/27/2014
JACKSONVILLE , FL 32217	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.24**	**231.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNRISE HEALTH & REHABILITATION CENTER	Provider Number:	0 207497-00
4800 N NOB HILL RD	Date:	6/27/2014
SUNRISE, FL 33351-4722	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**242.46**	**253.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Subacute Services, Inc.
4800 Nob Hill Road
Sunrise, FL 33351

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AUBURNDALE OAKS HEALTHCARE CENTER	Provider Number:	0 207527-00
919 OLD WINTER HAVEN RD	Date:	6/27/2014
AUBURNDALE, FL 33823	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.21**	**208.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKESIDE HEALTH CENTER	Provider Number:	0 207683-00
2501 N AUSTRALIAN AVENUE	Date:	6/27/2014
WEST PALM BEACH, FL 33407	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.63**	**234.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE PONCE THERAPY CARE CENTER	Provider Number:	0 207799-00
1999 OLD MOULTRIE ROAD	Date:	6/27/2014
SAINT AUGUSTINE, FL 32086	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.87**	**238.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: HPSA, Inc.
210 25th Ave North, Suite 508
Nashville, TN 37203

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BERNARD L. SAMSON NURSING CENTER	Provider Number:	0 208442-00
255 59TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33710	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.40**	**246.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JUPITER MEDICAL CENTER PAVILION, INC.	Provider Number:	0 208485-00
1230 SOUTH OLD DIXIE HWY	Date:	6/27/2014
JUPITER, FL 33458-7297	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.42**	**238.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Home Office:

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLARIDGE HOUSE NURSING & REHABILITATION CENTER	Provider Number:	0 208507-00
13900 NE 3RD COURT	Date:	6/27/2014
NORTH MIAMI, FL 33161	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.38**	**223.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER TOWERS	Provider Number:	0 208540-00
70 WEST LUCERNE CIRCLE	Date:	6/27/2014
ORLANDO , FL 32801	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.12**	**208.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COURTENAY SPRINGS VILLAGE	Provider Number:	0 209325-00
1100 SOUTH COURTENAY PARKWAY	Date:	6/27/2014
MERRITT ISLAND, FL 32952	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.04**	**247.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Retirement Housing Foundation
911 N. Studebaker Rd

Long Beach, CA 90815-4900

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WESTMINSTER ASBURY MANOR	Provider Number:	0 209422-00
1700 21ST AVE W	Date:	6/27/2014
BRADENTON, FL 34205	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.31**	**218.79**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST ANNE'S NURSING CENTER	Provider Number:	0 209473-00
11855 QUAIL ROOST DRIVE	Date:	6/27/2014
MIAMI , FL 33177	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.19**	**248.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BISHOP'S GLEN HEALTH CARE CENTER	Provider Number:	0 209511-00
900 LPGA BLVD	Date:	6/27/2014
HOLLY HILL, FL 32117-3100	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.60**	**244.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Retirement Housing Foundation
911 N. Studebaker Rd

Long Beach, CA 90815-4900

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

WINTER PARK TOWERS	Provider Number:	0 209848-00
1111 SOUTH LAKEMONT AVE	Date:	6/27/2014
WINTER PARK, FL 32792	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.06**	**202.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

SUN TERRACE HEALTH CARE CENTER	Provider Number:	0 209856-00
105 TRINITY LAKES DR	Date:	6/27/2014
SUN CITY CENTER, FL 33573	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.54**	**231.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ALTAMONTE SPRINGS	Provider Number:	0 210137-00
989 ORIENTA AVE	Date:	6/27/2014
ALTAMONTE SPRINGS, FL 32701	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.79**	**225.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COVENANT VILLAGE CARE CENTER	Provider Number:	0 210188-00
9211 W BROWARD BLVD	Date:	6/27/2014
PLANTATION, FL 33324	Fiscal Year End:	1/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.97**	**248.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Covenant Retirement Communities
5700 Old Orchard Road
Skokie, IL 60077

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

JOHN KNOX VILLAGE MEDICAL CENTER	Provider Number:	0 210285-00
4100 E FLETCHER AVE	Date:	6/27/2014
TAMPA, FL 33613	Fiscal Year End:	12/31/2010
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.09**	**228.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Baycare Health System
2985 Drew Street
Clearwater, FL 33759

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VILLAGE ON THE ISLE	Provider Number:	0 210463-00
910 TAMIAMI TRAIL SOUTH	Date:	6/27/2014
VENICE, FL 34285	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**255.00**	**265.63**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

HEALTHPARK CARE CENTER	Provider Number:	0 210587-00
16131 ROSERUSH COURT	Date:	6/27/2014
FORT MYERS, FL 33908	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.67**	**248.69**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Lee Memorial Health System
636 Del Prado Boulevard
Cape Coral, FL 33990

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT BOCA RATON	Provider Number:	0 210676-00
1130 NW 15TH STREET	Date:	6/27/2014
BOCA RATON, FL 33486	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.32**	**248.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE EDGEWATER AT WATERMAN VILLAGE	Provider Number:	0 210684-00
300 BROOKFIELD AVE	Date:	6/27/2014
MOUNT DORA, FL 32757-9562	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.91**	**237.34**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EMORY L. BENNETT STATE VETERANS' NURSING HOME	Provider Number:	0 210889-00
1920 MASON AVENUE	Date:	6/27/2014
DAYTONA BEACH , FL 32117	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.38**	**236.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SABAL PALMS HEALTH CARE CENTER
499 ALTERNATE KEENE RD NE
LARGO, FL 33771

Provider Number: 0 210951-00
Date: 6/27/2014
Fiscal Year End: 6/30/2013
Audit Status: Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.30**	**201.49**	**7/1/2014**
	Level U: Fragile Under 21	**479.68**	**481.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

STRATFORD COURT AT BOCA POINTE	Provider Number:	0 211010-00
6343 VIA DE SONRISA DEL SUR	Date:	6/27/2014
BOCA RATON, FL 33433	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.38**	**246.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sunrise Senior Living
7900 W. Park Drive, STE T900
McLean, VA 22102

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

W FRANK WELLS NURSING FACILITY	Provider Number:	0 211052-00
210 N 2ND ST	Date:	6/27/2014
MACCLENNY, FL 32063	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.30**	**259.62**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

HUNTINGTON PLACE CARE & REHABILIATION CENTER	Provider Number:	0 211281-00
1775 HUNTINGTON LANE	Date:	6/27/2014
ROCKLEDGE, FL 32955	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.61**	**193.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
101 Sun Avenue NE
Albuquerque, NM 87109

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARDEE MANOR HEALTHCARE CENTER	Provider Number:	0 211435-00
401 ORANGE PLACE	Date:	6/27/2014
WAUCHULA , FL 33873	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.91**	**199.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Diversicare Healthcare Services Inc.
1621 Galleria Blvd.
Brentwood, TN 30727

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAUREL POINTE HEALTH AND REHABILITATION	Provider Number:	0 211516-00
703 SOUTH 29TH STREET	Date:	6/27/2014
FORT PIERCE, FL 34947	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.56**	**198.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF CITRUS COUNTY	Provider Number:	0 211532-00
3325 W JERWAYNE LN	Date:	6/27/2014
LECANTO, FL 34461	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.81**	**221.39**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLAZA WEST	Provider Number:	0 211885-00
912 AMERICAN EAGLE BLVD	Date:	6/27/2014
SUN CITY CENTER, FL 33573	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.75**	**223.95**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKE PARK OF MADISON	Provider Number:	0 211923-00
259 SW CAPTAIN BROWN RD	Date:	6/27/2014
MADISON, FL 32340	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.14**	**192.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CNH, LLC
46 Third Street NW
Hickory, NC 28601

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EDWARD J HEALEY REHABILITATION AND NURSING CENTER	Provider Number:	0 212032-00
5101 WEST BLUE HERON BLVD	Date:	6/27/2014
RIVIERA BEACH, FL 33418	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.09**	**243.66**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

WESTMINSTER WOODS ON JULINGTON CREEK	Provider Number:	0 212083-00
25 STATE ROAD 13	Date:	6/27/2014
JACKSONVILLE , FL 32259	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.94**	**207.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

YBOR CITY HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 212164-00
1709 TALIAFERRO AVE	Date:	6/27/2014
TAMPA, FL 33602	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.35**	**221.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE FOUNTAINS NURSING HOME	Provider Number:	0 212393-00
3800 N FEDERAL HWY	Date:	6/27/2014
BOCA RATON, FL 33431	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.65**	**229.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Rohm Service Corp
740 East Avenue
Rochester, NY 14607

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODLAND TERRACE	Provider Number:	0 212636-00
120 CHIPOLA AVENUE	Date:	6/27/2014
DELAND, FL 32720	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**165.52**	**171.94**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SUNCOAST MANOR	Provider Number:	0 212709-00
1095 PINELLAS POINT DR S	Date:	6/27/2014
SAINT PETERSBURG, FL 33705-6272	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.58**	**195.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCEANSIDE EXTENDED CARE CENTER	Provider Number:	0 212733-00
550 9TH STREET	Date:	6/27/2014
MIAMI BEACH , FL 33139	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**152.79**	**178.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Permanent File

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA LUTHERAN RETIREMENT CENTER	Provider Number:	0 212792-00
450 NORTH MCDONALD AVENUE	Date:	6/27/2014
DELAND , FL 32724	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.78**	**209.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Permanent File

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMETTO SUBACUTE CARE CENTER	Provider Number:	0 212806-00
7600 SW 8TH STREET	Date:	6/27/2014
MIAMI, FL 33144	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**266.78**	**276.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

EGRET COVE CENTER	Provider Number:	0 212890-00
550 62ND ST S	Date:	6/27/2014
SAINT PETERSBURG, FL 33707	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.27**	**217.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EMERALD COAST CENTER	Provider Number:	0 212903-00
114 THIRD STREET SE	Date:	6/27/2014
FORT WALTON BEACH , FL 32548	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.42**	**195.63**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 212903073120130801201201212014120600

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Medicaid Reimbursement Per Diem Rates

CLEARWATER CENTER	Provider Number:	0 212911-00
1270 TURNER ST	Date:	6/27/2014
CLEARWATER, FL 33756	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.50**	**211.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FLORIDA PRESBYTERIAN HOMES, INC.	Provider Number:	0 212971-00
909 LAKESIDE AVE	Date:	6/27/2014
LAKELAND, FL 33803	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.13**	**213.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAY CENTER	Provider Number:	0 212989-00
1336 ST ANDREWS BLVD	Date:	6/27/2014
PANAMA CITY, FL 32405	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.79**	**202.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 21298908312013090120120121201407434 3

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Medicaid Reimbursement Per Diem Rates

BARTOW CENTER	Provider Number:	0 212997-00
2055 E GEORGIA ST	Date:	6/27/2014
BARTOW, FL 33830	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.71**	**199.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BOCA CIEGA CENTER	Provider Number:	0 213004-00
1414 59TH ST S	Date:	6/27/2014
GULFPORT, FL 33707	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.22**	**215.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 213004083120130901201201212014111212

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Medicaid Reimbursement Per Diem Rates

TAMARAC REHABILITATION AND HEALTH CENTER	Provider Number:	0 213098-00
7901 NW 88TH AVENUE	Date:	6/27/2014
TAMARAC, FL 33321	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.92**	**243.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Permanent File

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Millenium Health Systems
5310 NW 33rd Avenue
Suite 211
Ft. Lauderdale, FL 33309

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WATER'S EDGE EXTENDED CARE	Provider Number:	0 213152-00
1500 SW CAPRI ST	Date:	6/27/2014
PALM CITY, FL 34990	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**262.11**	**272.70**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 213152123120130101201303182014225439

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER AT WELLS CROSSING	Provider Number:	0 213161-00
355 CROSSING BLVD	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.15**	**211.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF VENICE	Provider Number:	0 213322-00
950 PINEBROOK ROAD	Date:	6/27/2014
VENICE, FL 34292	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.23**	**226.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORLANDO	Provider Number:	0 213403-00
3211 ROUSE ROAD	Date:	6/27/2014
ORLANDO , FL 32817	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.15**	**218.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MADISON NURSING CENTER	Provider Number:	0 213462-00
2481 WEST US 90	Date:	6/27/2014
MADISON, FL 32340-9540	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.24**	**244.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VI AT LAKESIDE VILLAGE	Provider Number:	0 213837-00
2792 DONNELLY DRIVE	Date:	6/27/2014
LANTANA, FL 33462	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.03**	**261.93**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PAGE REHABILITATION AND HEALTHCARE CENTER	Provider Number:	0 213900-00
2310 N AIRPORT ROAD	Date:	6/27/2014
FORT MYERS, FL 33907	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**238.51**	**250.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TMH SKILLED NURSING FACILITY	Provider Number:	0 213934-00
1609 MEDICAL DRIVE	Date:	6/27/2014
TALLAHASSEE , FL 32308	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.45**	**222.85**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MIAMI SHORES NURSING AND REHAB CENTER	Provider Number:	0 214035-00
9380 NW 7TH AVENUE	Date:	6/27/2014
MIAMI, FL 33150	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**266.48**	**277.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF HILLIARD	Provider Number:	0 214060-00
3756 W THIRD ST	Date:	6/27/2014
HILLIARD, FL 32046	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.01**	**196.79**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BALDOMERO LOPEZ STATE VETERANS' NURSING HOME	Provider Number:	0 214914-00
6919 PARKWAY BLVD	Date:	6/27/2014
LAND O LAKES, FL 34639	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.16**	**234.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOUR'S EDGE	Provider Number:	0 216399-00
401 E LINTON BLVD	Date:	6/27/2014
DELRAY BEACH, FL 33483	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**254.81**	**263.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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100 East Grand Ave.
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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRYSTAL RIVER HEALTH & REHABILITATION CENTER	Provider Number:	0 217263-00
136 NORTHEAST 12TH AVENUE	Date:	6/27/2014
CRYSTAL RIVER, FL 34429	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.29**	**213.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

OCALA HEALTH & REHABILITATION CENTER	Provider Number:	0 217395-00
1201 SE 24TH RD	Date:	6/27/2014
OCALA, FL 34471	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.15**	**207.97**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

WEST MELBOURNE HEALTH & REHABILITATION CENTER	Provider Number:	0 217727-00
2125 W NEW HAVEN AVE	Date:	6/27/2014
WEST MELBOURNE, FL 32904	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.78**	**213.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ST. AUGUSTINE HEALTH & REHABILITATION CENTER	Provider Number:	0 217735-00
51 SUNRISE BLVD	Date:	6/27/2014
SAINT AUGUSTINE, FL 32084	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.47**	**220.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

DAYTONA BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 217743-00
1055 3RD STREET	Date:	6/27/2014
DAYTONA BEACH, FL 32117-4196	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.10**	**224.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PORT ST. LUCIE	Provider Number:	0 217824-00
3720 SE JENNINGS ROAD	Date:	6/27/2014
PORT SAINT LUCIE , FL 34952	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.10**	**231.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WEST JACKSONVILLE HEALTH AND REHABILITATION CENTER	Provider Number:	0 218171-00
1650 FOURAKER ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32221	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.17**	**210.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF WINTER HAVEN	Provider Number:	0 219380-00
1510 CYPRESS GARDENS BLVD	Date:	6/27/2014
WINTER HAVEN, FL 33884	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.54**	**222.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CENTURY CARE CENTER.	Provider Number:	0 220604-00
6020 INDUSTRIAL BLVD	Date:	6/27/2014
CENTURY , FL 32535	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.67**	**222.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANTA ROSA HEALTH & REHABILITATION CENTER	Provider Number:	0 220612-00
5386 BROAD STREET	Date:	6/27/2014
MILTON , FL 32570	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.03**	**214.94**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANDY RIDGE CARE CENTER	Provider Number:	0 220621-00
5360 GLOVER LANE	Date:	6/27/2014
MILTON , FL 32570	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.38**	**227.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CLERMONT HEALTH AND REHABILITATION CENTER	Provider Number:	0 221465-00
151 E MINNEHAHA AVE	Date:	6/27/2014
CLERMONT, FL 34711	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.85**	**210.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

DELANEY PARK HEALTH AND REHABILITATION CENTER	Provider Number:	0 221589-00
215 ANNIE STREET	Date:	6/27/2014
ORLANDO, FL 32806	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.55**	**214.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK AT AVENTURA	Provider Number:	0 223239-00
18905 NE 25TH AVE	Date:	6/27/2014
AVENTURA, FL 33180	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.59**	**237.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ORLANDO HEALTH AND REHABILITATION CENTER	Provider Number:	0 223654-00
830 WEST 29TH STREET	Date:	6/27/2014
ORLANDO, FL 32805	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**181.74**	**188.44**	**7/1/2014**
	Level U: Fragile Under 21	**462.12**	**468.82**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Home Office:

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF SARASOTA
8104 N TUTTLE AVE
SARASOTA, FL 34243

Provider Number:	0 223786-00
Date:	6/27/2014
Fiscal Year End:	1/31/2014
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.81**	**238.88**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 223786013120140201201304142014140724

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Medicaid Reimbursement Per Diem Rates

AVANTE AT ORLANDO	Provider Number:	0 223808-00
2000 NORTH SEMORAN BOULEVARD	Date:	6/27/2014
ORLANDO, FL 32807	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.83**	**230.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

DOCTORS LAKE OF ORANGE PARK	Provider Number:	0 223883-00
833 KINGSLEY AVE	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.13**	**212.03**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4178 Malbeth Ct
Winston-Salem, NC 27104

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Medicaid Reimbursement Per Diem Rates

PENSACOLA HEALTH CARE FACILITY	Provider Number:	0 224243-00
1717 W AVERY ST	Date:	6/27/2014
PENSACOLA, FL 32501	Fiscal Year End:	6/30/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.64**	**228.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MK OF HAINES CITY LLC	Provider Number:	0 224341-00
409 S 10TH ST	Date:	6/27/2014
HAINES CITY, FL 33845-1476	Fiscal Year End:	11/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.56**	**226.43**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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1181 Vickery Lane, Suite 200
Cordova, TN 38016-0633

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2727 Mahan Drive - Mail Stop 23

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Medicaid Reimbursement Per Diem Rates

SOUTH TAMPA HEALTH AND REHABILITATION CENTER	Provider Number:	0 224910-00
4610 S MANHATTAN AVE	Date:	6/27/2014
TAMPA, FL 33611	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.50**	**219.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

MK OF NORTH PORT LLC	Provider Number:	0 225053-00
6940 OUTREACH WAY	Date:	6/27/2014
NORTH PORT, FL 34287-0947	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.23**	**243.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK OF FERNANDINA BEACH LLC	Provider Number:	0 225274-00
1625 LIME STREET	Date:	6/27/2014
FERNANDINA BEACH , FL 32034	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.07**	**219.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MK OF WINTER GARDEN LLC	Provider Number:	0 225410-00
12751 W COLONIAL DRIVE	Date:	6/27/2014
WINTER GARDEN, FL 34787	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.97**	**241.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SPRINGTREE REHAB & HEALTH CENTER, LLC	Provider Number:	0 225631-00
4251 SPRINGTREE DRIVE	Date:	6/27/2014
SUNRISE , FL 33351-6119	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.42**	**223.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

PINECREST CONVALESCENT CENTER	Provider Number:	0 225754-00
13650 NE 3RD COURT	Date:	6/27/2014
NORTH MIAMI, FL 33161	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**250.00**	**257.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

STUART NURSING & RESTORATIVE CARE CENTER	Provider Number:	0 225991-00
1500 SE PALM BEACH RD	Date:	6/27/2014
STUART, FL 34994	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.49**	**235.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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45 Learned Street
Albany, NY 12207

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PORT ST. LUCIE NURSING & RESTORATIVE CARE CENTER
7300 OLEANDER AVENUE
PORT SAINT LUCIE , FL 34952-8299

Provider Number:	0 226009-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.82**	**237.63**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Albany, NY 12209

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PLANTATION NURSING & REHAB CENTER	Provider Number:	0 226017-00
4250 NW 5TH ST	Date:	6/27/2014
PLANTATION, FL 33317	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**252.75**	**264.93**	**7/1/2014**
	Level U: Fragile Under 21	**533.13**	**545.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MARTIN NURSING AND RESTORATIVE CARE CENTER	Provider Number:	0 226033-00
6011 SE TOWER DR	Date:	6/27/2014
STUART, FL 34997	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.23**	**244.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE MANOR AT BLUE WATER BAY	Provider Number:	0 226041-00
1500 NORTH WHITE POINT ROAD	Date:	6/27/2014
NICEVILLE , FL 32578	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.88**	**222.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CATHEDRAL GERONTOLOGY CENTER	Provider Number:	0 226068-00
333 E ASHLEY ST	Date:	6/27/2014
JACKSONVILLE, FL 32202	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.65**	**242.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Cathedral Foundation, Inc.
4250 Lakeside Drive
Suite 204
Jacksonville, FL 32210

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BROWARD NURSING AND REHAB CENTER	Provider Number:	0 226335-00
1330 S ANDREWS AVE	Date:	6/27/2014
FORT LAUDERDALE, FL 33316	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.46**	**229.97**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OCEAN VIEW NURSING AND REHABILITATION CENTER	Provider Number:	0 226351-00
2810 SOUTH ATLANTIC AVENUE	Date:	6/27/2014
NEW SMYRNA BEACH, FL 32169	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.61**	**213.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH HERITAGE HEALTH AND REHABILIATION CENTER	Provider Number:	0 226360-00
718 LAKEVIEW AVE S	Date:	6/27/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.03**	**245.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

TREASURE ISLE CARE CENTER	Provider Number:	0 226602-00
1735 N TREASURE DRIVE	Date:	6/27/2014
NORTH BAY VILLAGE, FL 33141	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.03**	**216.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

FAIR HAVENS CENTER	Provider Number:	0 227226-00
201 CURTISS PKWY	Date:	6/27/2014
MIAMI SPRINGS, FL 33166-5291	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**157.90**	**163.65**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Daytona Beach, FL 32114

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALPINE HEALTH AND REHABILITATION CENTER	Provider Number:	0 227251-00
3456 21ST AVE S	Date:	6/27/2014
SAINT PETERSBURG, FL 33711	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.15**	**236.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WILTON MANORS HEALTH AND REHAB	Provider Number:	0 227579-00
2675 N ANDREWS AVE	Date:	6/27/2014
WILTON MANORS, FL 33311	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.21**	**244.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

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Medicaid Reimbursement Per Diem Rates

ROCKLEDGE REHAB AND NURSING CENTER	Provider Number:	0 227587-00
587 BARTON BLVD	Date:	6/27/2014
ROCKLEDGE, FL 32955	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.58**	**237.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

GREENBRIAR REHAB & NURSING CENTER	Provider Number:	0 227625-00
210 21ST AVE W	Date:	6/27/2014
BRADENTON, FL 34205	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.07**	**245.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

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Medicaid Reimbursement Per Diem Rates

APOLLO HEALTH & REHAB CENTER	Provider Number:	0 227633-00
1000 24TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33713	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.49**	**230.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

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Medicaid Reimbursement Per Diem Rates

NORTH REHABILITATION CENTER	Provider Number:	0 227641-00
1301 16TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.90**	**233.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

PARK MEADOWS HEALTH & REHAB CENTER	Provider Number:	0 227765-00
3250 SW 41ST PLACE	Date:	6/27/2014
GAINESVILLE, FL 32608	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.95**	**237.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

NEW HORIZON HEALTH & REHAB CENTER	Provider Number:	0 227773-00
635 SE 17TH STREET	Date:	6/27/2014
OCALA, FL 34471	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**246.19**	**250.34**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FIRST COAST HEALTH AND REHABILITATION CENTER	Provider Number:	0 227838-00
7723 JASPER AVENUE	Date:	6/27/2014
JACKSONVILLE , FL 32211	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.07**	**218.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

AYERS HEALTH & REHAB CENTER	Provider Number:	0 227871-00
606 NE 7TH ST	Date:	6/27/2014
TRENTON, FL 32693	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.10**	**195.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Services Mgt., Inc.
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Medicaid Reimbursement Per Diem Rates

NORTH BEACH NURSING & REHABILITATION CENTER	Provider Number:	0 228001-00
2201 NE 170TH STREET	Date:	6/27/2014
NORTH MIAMI BEACH, FL 33160	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**251.29**	**267.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

THE GARDENS COURT	Provider Number:	0 228320-00
3803 PGA BOULEVARD	Date:	6/27/2014
PALM BEACH GARDENS, FL 33410	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.45**	**248.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF MELBOURNE	Provider Number:	0 228338-00
606 E SHERIDAN RD	Date:	6/27/2014
MELBOURNE, FL 32901	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.19**	**213.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

PARK RIDGE NURSING CENTER	Provider Number:	0 228401-00
730 COLLEGE STREET	Date:	6/27/2014
JACKSONVILLE , FL 32204	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.42**	**211.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BEAR CREEK NURSING CENTER	Provider Number:	0 228567-00
8041 STATE RD 52 E	Date:	6/27/2014
HUDSON, FL 34667	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**188.96**	**195.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office: Health Services Mgt., Inc.
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Murfreesboro, TN 37128

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Medicaid Reimbursement Per Diem Rates

ROYAL OAK NURSING CENTER	Provider Number:	0 228575-00
37300 ROYAL OAK LANE	Date:	6/27/2014
DADE CITY , FL 33525	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.06**	**202.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

HEATHER HILL NURSING HOME	Provider Number:	0 228591-00
6630 KENTUCKY AVE	Date:	6/27/2014
NEW PORT RICHEY, FL 34653	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.23**	**202.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: Health Services Mgt., Inc.
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Medicaid Reimbursement Per Diem Rates

INN AT SARASOTA BAY CLUB	Provider Number:	0 228621-00
1303 NORTH TAMIAMI TRAIL	Date:	6/27/2014
SARASOTA, FL 34236	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**272.06**	**283.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 228621123120120101201206052013174012

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Medicaid Reimbursement Per Diem Rates

WINTER HAVEN HEALTH AND REHAB CENTER	Provider Number:	0 228702-00
202 AVE O NE	Date:	6/27/2014
WINTER HAVEN, FL 33881	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.39**	**206.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WOODLAND TERRACE OF CITRUS COUNTY	Provider Number:	0 228711-00
124 W NORVELL BRYANT HWY	Date:	6/27/2014
HERNANDO, FL 34442	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**173.64**	**180.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EAST RIDGE RETIREMENT VILLAGE, INC.	Provider Number:	0 228788-00
19301 SW 87TH AVENUE	Date:	6/27/2014
MIAMI, FL 33157	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.10**	**242.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CYPRESS COVE CARE CENTER	Provider Number:	0 228940-00
700 SE 8TH AVE	Date:	6/27/2014
CRYSTAL RIVER, FL 34429	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.07**	**198.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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206 Fortress Blvd.
Murfreesboro, TN 37128

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Medicaid Reimbursement Per Diem Rates

BROOKSVILLE HEALTHCARE CENTER	Provider Number:	0 228958-00
1114 CHATMAN BLVD	Date:	6/27/2014
BROOKSVILLE, FL 34601	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.76**	**190.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAKE HARRIS HEALTH CENTER	Provider Number:	0 228966-00
701 LAKE PORT BLVD	Date:	6/27/2014
LEESBURG, FL 34748	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.61**	**209.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SYLVAN HEALTH CENTER	Provider Number:	0 229164-00
2770 REGENCY OAKS BLVD	Date:	6/27/2014
CLEARWATER , FL 33759	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.45**	**227.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SHELL POINT PAVILION	Provider Number:	0 229202-00
15071 SHELL POINT BLVD	Date:	6/27/2014
FORT MYERS, FL 33908	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.58**	**221.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

GAINESVILLE HEALTH CARE CENTER	Provider Number:	0 229288-00
1311 SW 16TH STREET	Date:	6/27/2014
GAINESVILLE, FL 32608	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.19**	**225.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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	Provider Number:	0 229610-00
5430 LINTON BLVD	Date:	6/27/2014
DELRAY BEACH, FL 33484	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.56**	**236.88**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MENORAH HOUSE	Provider Number:	0 229628-00
9945 CENTRAL PARK BLVD NORTH	Date:	6/27/2014
BOCA RATON, FL 33428	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.83**	**236.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 2296281231201201012012081620131509 32

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Medicaid Reimbursement Per Diem Rates

ALEXANDER NININGER STATE VETERANS' NURSING HOME
8401 W CYPRESS DR
PEMBROKE PINES, FL 33025

Provider Number:	0 229849-00
Date:	6/27/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.00**	**240.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

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Medicaid Reimbursement Per Diem Rates

HIALEAH SHORES NURSING AND REHAB CENTER	Provider Number:	0 250988-00
8785 NW 32ND AVENUE	Date:	6/27/2014
MIAMI , FL 33147	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**244.17**	**252.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRANDYWYNE HEALTH CARE CENTER	Provider Number:	0 251399-00
1801 N LAKE MARIAM DR	Date:	6/27/2014
WINTER HAVEN, FL 33884	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.08**	**207.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONCORDIA MANOR	Provider Number:	0 251666-00
321 13TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33701	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.66**	**216.95**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

OAKHURST CARE & REHABILIATION CENTER	Provider Number:	0 251721-00
1501 SE 24TH RD	Date:	6/27/2014
OCALA, FL 34471-6005	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.68**	**210.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
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Albuquerque, NM 87109

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRADFORD TERRACE, LLC	Provider Number:	0 251739-00
808 S COLLEY RD	Date:	6/27/2014
STARKE, FL 32091	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**170.15**	**176.88**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT MELBOURNE	Provider Number:	0 252018-00
1420 SOUTH OAK STREET	Date:	6/27/2014
MELBOURNE, FL 32901	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.94**	**244.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVANTE AT ORMOND BEACH	Provider Number:	0 252034-00
170 N KINGS ROAD	Date:	6/27/2014
ORMOND BEACH, FL 32174	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.21**	**238.07**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

AVANTE AT MT. DORA	Provider Number:	0 252042-00
3050 BROWN AVE	Date:	6/27/2014
MOUNT DORA, FL 32757	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.10**	**226.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Hollywood, FL 33021-6744

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PINEBROOK CARE & REHABILIATION CENTER	Provider Number:	0 252662-00
1240 PINEBROOK ROAD	Date:	6/27/2014
VENICE , FL 34292	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.08**	**226.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
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Albuquerque, NM 87109

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PALMS OF SEBRING	Provider Number:	0 252671-00
725 S PINE ST	Date:	6/27/2014
SEBRING, FL 33870	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.25**	**207.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Covington Senior Living, LLC
1175 Peachtree Street
Suite 1230

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Medicaid Reimbursement Per Diem Rates

ORCHARD RIDGE CARE & REHABILIATION CENTER	Provider Number:	0 252689-00
4927 VOORHEES RD	Date:	6/27/2014
NEW PORT RICHEY, FL 34653	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.75**	**207.98**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
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Albuquerque, NM 87109

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Medicaid Reimbursement Per Diem Rates

SPRINGWOOD CARE & REHABILIATION CENTER	Provider Number:	0 253014-00
4602 NORTHGATE COURT	Date:	6/27/2014
SARASOTA , FL 34234	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.78**	**210.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SUNSET POINT CARE & REHABILIATION CENTER	Provider Number:	0 253430-00
1980 SUNSET POINT RD	Date:	6/27/2014
CLEARWATER, FL 33765	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.75**	**199.22**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
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Medicaid Reimbursement Per Diem Rates

BAY TREE CARE & REHABILIATION CENTER	Provider Number:	0 253448-00
2600 HIGHLANDS BLVD N	Date:	6/27/2014
PALM HARBOR, FL 34684-2114	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.64**	**208.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
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Albuquerque, NM 87109

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Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH & REHAB OF OCALA	Provider Number:	0 253456-00
4100 SW 33RD AVE	Date:	6/27/2014
OCALA, FL 34474	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.80**	**211.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 2534560630201307012012102520131504l7

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Medicaid Reimbursement Per Diem Rates

WEST BAY CARE & REHABILIATION CENTER	Provider Number:	0 253464-00
3865 TAMPA RD	Date:	6/27/2014
OLDSMAR, FL 34677	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.43**	**211.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Albuquerque, NM 87109

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Medicaid Reimbursement Per Diem Rates

FORUM AT DEER CREEK	Provider Number:	0 253481-00
3001 DEER CREEK COUNTRY CLUB	Date:	6/27/2014
DEERFIELD BEACH , FL 33442	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**259.08**	**269.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: FiveStar Quality Care Inc
400 Centre Street
Newton, MA 02458

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EDEN SPRINGS NURSING & REHABILITATION CENTER	Provider Number:	0 253707-00
4679 CRAWFORDVILLE HWY	Date:	6/27/2014
CRAWFORDVILLE , FL 32326	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.18**	**231.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Miami Beach, Fl 33141

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Medicaid Reimbursement Per Diem Rates

JACKSON PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 253723-00
1861 NW 8TH AVENUE	Date:	6/27/2014
MIAMI , FL 33136	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**249.79**	**265.25**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

MANOR PINES CONVALESCENT CENTER, LLC	Provider Number:	0 254177-00
1701 NE 26TH ST	Date:	6/27/2014
WILTON MANORS, FL 33305	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.34**	**221.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

ARCH PLAZA NURSING & REHABILITATION CENTER	Provider Number:	0 254291-00
12505 NE 16TH AVENUE	Date:	6/27/2014
NORTH MIAMI, FL 33161	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**258.46**	**271.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WRIGHTS HEALTHCARE & REHABILITATION CENTER	Provider Number:	0 254762-00
11300 110TH AVE N	Date:	6/27/2014
SEMINOLE, FL 33778	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.96**	**217.16**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: KR Management
3500 Oak Manor Lane
Largo, FL 33774

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

EDGEWOOD NURSING CENTER	Provider Number:	0 254878-00
1771 EDGEWOOD AVE W	Date:	6/27/2014
JACKSONVILLE, FL 32208	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.73**	**208.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WOODLANDS CARE CENTER OF ALACHUA COUNTY	Provider Number:	0 255572-00
7207 SW 24TH AVE	Date:	6/27/2014
GAINESVILLE, FL 32607	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**169.76**	**177.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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Medicaid Reimbursement Per Diem Rates

DIAMOND RIDGE HEALTH & REHABILITATION CENTER	Provider Number:	0 256269-00
2730 W MARC KNIGHTON CT	Date:	6/27/2014
LECANTO, FL 34461	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.32**	**229.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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2851 Remington Green Circle, Ste. D
Tallahassee, FL 32308

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SURREY PLACE CONVALESCENT CENTER OF BRADENTON	Provider Number:	0 256277-00
5525 21ST AVE W	Date:	6/27/2014
BRADENTON, FL 34209	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**249.10**	**259.09**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LAKESIDE NURSING & REHABILITATION CENTER	Provider Number:	0 256757-00
11411 ARMSDALE ROAD	Date:	6/27/2014
JACKSONVILLE, FL 32218	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.82**	**213.11**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Health Care Managers, Inc
2380 Sadler Road Suite 201
Fernandina Beach, FL 32034

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKESIDE PAVILLION CARE & REHABILIATION CENTER	Provider Number:	0 256846-00
2900 12TH STREET N	Date:	6/27/2014
NAPLES, FL 34103	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.37**	**214.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Sun Healthcare Group, Inc.
101 Sun Avenue NE
Albuquerque, NM 87109

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MANOR OAKS NURSING & REHAB CENTER	Provider Number:	0 256935-00
2121 E COMMERCIAL BLVD	Date:	6/27/2014
FORT LAUDERDALE, FL 33308	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.99**	**218.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CITRUS HEALTH AND REHABILITATION CENTER	Provider Number:	0 257419-00
701 MEDICAL COURT EAST	Date:	6/27/2014
INVERNESS, FL 34452	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.40**	**241.01**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Provident Resources Group, Inc.
5565 Bankers Ave.
Baton Rouge, LA 70808

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

OAK MANOR HEALTHCARE AND REHABILITATION CENTER	Provider Number:	0 258342-00
3500 OAK MANOR LANE	Date:	6/27/2014
LARGO, FL 33774	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.24**	**207.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: KR Management
3500 Oak Manor Lane
Largo, FL 33774

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Medicaid Reimbursement Per Diem Rates

INDIGO MANOR	Provider Number:	0 258750-00
595 N WILLIAMSON BLVD	Date:	6/27/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.57**	**237.48**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Fairfax Senior Living
10387 Main Street, Suite 200
Fairfax, VA 22030

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAVEN OF OUR LADY OF PEACE	Provider Number:	0 258831-00
1900 SUMMIT BOULEVARD	Date:	6/27/2014
PENSACOLA , FL 32503	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**219.75**	**229.24**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Sacred Heart Hospital
5151 North 9th Avenue
PO Box 2700
Pensacola, FL 32513-2700

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER AT INVERRARY	Provider Number:	0 259080-00
4300 ROCK ISLAND ROAD	Date:	6/27/2014
LAUDERHILL, FL 33319	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.51**	**238.98**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKEVIEW TERRACE SKILLED NURSING FACILITY
110 LODGE TERRACE DR
ALTOONA, FL 32702

Provider Number:	0 259225-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.27**	**226.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

UNIHEALTH POST-ACUTE CARE- SANTA ROSA	Provider Number:	0 259331-00
5530 NORTHROP ROAD	Date:	6/27/2014
MILTON, FL 32570	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.07**	**195.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF NEW PORT RICHEY	Provider Number:	0 259357-00
7400 TROUBLE CREEK ROAD	Date:	6/27/2014
NEW PORT RICHEY, FL 34653	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.00**	**217.37**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT UNIVERSITY VILLAGE	Provider Number:	0 259462-00
12250 N 22ND ST	Date:	6/27/2014
TAMPA, FL 33612-4955	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.53**	**228.85**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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3391 Cypress Gardens Road
Winter Haven, FL 33884

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAMLIN PLACE	Provider Number:	0 259586-00
2180 HYPOLUXO ROAD	Date:	6/27/2014
LANTANA, FL 33462	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**250.69**	**260.54**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

AVANTE AT ST. CLOUD	Provider Number:	0 259870-00
1301 KANSAS AVE	Date:	6/27/2014
SAINT CLOUD, FL 34769-5999	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.96**	**231.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4000 Hollywood Blvd, Suite 540-N
Hollywood, FL 33021-6744

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIVERFRONT NURSING AND REHAB CENTER	Provider Number:	0 259942-00
105 15TH ST E	Date:	6/27/2014
BRADENTON, FL 34208	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.34**	**236.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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1311 SW 16th Street
Gainesville, FL 32608

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SARASOTA MEMORIAL NURSING & REHAB FACILITY
5640 RAND BLVD
SARASOTA, FL 34238

Provider Number:	0 260355-00
Date:	6/27/2014
Fiscal Year End:	9/30/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**217.60**	**228.30**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

BRIDGEVIEW CENTER, LLC	Provider Number:	0 260371-00
350 S RIDGEWOOD AVENUE	Date:	6/27/2014
ORMOND BEACH, FL 32174	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**222.90**	**240.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

OPIS Management Resources, LLC
10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BAYVIEW CENTER, LLC	Provider Number:	0 260444-00
301 S BAY ST	Date:	6/27/2014
EUSTIS, FL 32726	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.86**	**233.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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10150 Highland Manor Drive
Suite 300
Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

RULEME CENTER, LLC	Provider Number:	0 260452-00
2810 RULEME ST	Date:	6/27/2014
EUSTIS, FL 32726	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.84**	**234.63**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Suite 300
Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

TIERRA PINES CENTER, LLC	Provider Number:	0 260568-00
7380 ULMERTON RD	Date:	6/27/2014
LARGO, FL 33771	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.46**	**222.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

OPIS Management Resources, LLC
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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HIGHLANDS LAKE CENTER, LLC	Provider Number:	0 260576-00
4240 LAKELAND HIGHLANDS RD	Date:	6/27/2014
LAKELAND, FL 33813	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.78**	**223.87**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

COQUINA CENTER, LLC	Provider Number:	0 260649-00
170 N CENTER STREET	Date:	6/27/2014
ORMOND BEACH, FL 32174	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.54**	**235.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ISLAND LAKE CENTER, LLC	Provider Number:	0 260657-00
155 LANDOVER PLACE	Date:	6/27/2014
LONGWOOD, FL 32750	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.95**	**236.62**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

INDIAN RIVER CENTER LLC	Provider Number:	0 260665-00
7201 GREENBORO DR	Date:	6/27/2014
WEST MELBOURNE, FL 32904	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.61**	**230.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

RIVERWOOD CENTER, LLC	Provider Number:	0 260673-00
2802 PARENTAL HOME ROAD	Date:	6/27/2014
JACKSONVILLE , FL 32216	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.74**	**218.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

FAIRWAY OAKS CENTER, LLC	Provider Number:	0 260690-00
13806 N 46TH ST	Date:	6/27/2014
TAMPA, FL 33613	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.66**	**245.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SINAI PLAZA NURSING AND REHAB	Provider Number:	0 260771-00
201 NE 112TH STREET	Date:	6/27/2014
MIAMI, FL 33161	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**254.10**	**266.45**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ALHAMBRA HEALTH & REHAB CENTER	Provider Number:	0 261254-00
7501 38TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33710	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.42**	**234.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TERRA VISTA REHABILITATION AND HEALTH CENTER	Provider Number:	0 261611-00
1730 LUCERNE TERRACE	Date:	6/27/2014
ORLANDO , FL 32806	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.35**	**208.37**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

AVALON HEALTH CARE CENTER	Provider Number:	0 261629-00
1270 SW MAIN BLVD	Date:	6/27/2014
LAKE CITY, FL 32025	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.48**	**217.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

EMERALD HEALTHCARE CENTER	Provider Number:	0 261637-00
1655 SE WALTON ROAD	Date:	6/27/2014
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.53**	**232.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HAWTHORNE HEALTH & REHAB OF BRANDON	Provider Number:	0 261670-00
851 WEST LUMSDEN RD	Date:	6/27/2014
BRANDON, FL 33511	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.48**	**216.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ATLANTIC SHORES NURSING AND REHAB	Provider Number:	0 263389-00
4251 STACK BLVD	Date:	6/27/2014
MELBOURNE , FL 32901	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.40**	**215.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BONIFAY NURSING AND REHAB	Provider Number:	0 263443-00
306 WEST BROCK AVENUE	Date:	6/27/2014
BONIFAY , FL 32425	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**185.35**	**194.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

RIVIERA PALMS REHABILITATION CENTER	Provider Number:	0 263451-00
926 HABEN BLVD	Date:	6/27/2014
PALMETTO, FL 34221	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.69**	**218.06**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BOYNTON BEACH REHABILITATION CENTER	Provider Number:	0 263460-00
9600 LAWRENCE ROAD	Date:	6/27/2014
BOYNTON BEACH , FL 33436	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.68**	**223.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ARBOR TRAIL NURSING AND REHAB	Provider Number:	0 263478-00
611 TURNER CAMP RD	Date:	6/27/2014
INVERNESS, FL 34453	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.85**	**204.38**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PINELLAS POINT NURSING AND REHAB	Provider Number:	0 263486-00
5601 31ST ST S	Date:	6/27/2014
SAINT PETERSBURG, FL 33712	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.25**	**239.09**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

JACKSONVILLE NURSING AND REHAB	Provider Number:	0 263494-00
4134 DUNN AVENUE	Date:	6/27/2014
JACKSONVILLE , FL 32218	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.72**	**221.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

PORT ORANGE NURSING AND REHAB	Provider Number:	0 263508-00
5600 VICTORIA GARDENS BLVD	Date:	6/27/2014
PORT ORANGE, FL 32127	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.96**	**228.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MACCLENNY NURSING AND REHAB	Provider Number:	0 263516-00
755 S 5TH ST	Date:	6/27/2014
MACCLENNY, FL 32063	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.25**	**206.44**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MEDICANA NURSING AND REHAB	Provider Number:	0 263524-00
1710 LAKE WORTH ROAD	Date:	6/27/2014
LAKE WORTH, FL 33460	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.51**	**214.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

TIFFANY HALL NURSING AND REHAB	Provider Number:	0 263532-00
1800 SE HILLMOOR DRIVE	Date:	6/27/2014
PORT SAINT LUCIE, FL 34952	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.33**	**215.27**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

METROWEST NURSING AND REHAB	Provider Number:	0 263541-00
5900 WESTGATE DRIVE	Date:	6/27/2014
ORLANDO , FL 32835	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.31**	**221.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MOULTRIE CREEK NURSING AND REHAB	Provider Number:	0 263559-00
200 MARINER HEALTH WAY	Date:	6/27/2014
SAINT AUGUSTINE, FL 32086	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.27**	**222.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ORANGE CITY NURSING AND REHAB	Provider Number:	0 263567-00
2810 ENTERPRISE RD	Date:	6/27/2014
DEBARY, FL 32713	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.20**	**216.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BAYSHORE POINTE NURSING AND REHAB	Provider Number:	0 263575-00
3117 W GANDY BLVD	Date:	6/27/2014
TAMPA, FL 33611-2927	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.08**	**223.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROYAL OAKS NURSING AND REHAB
2225 KNOX MCRAE DR
TITUSVILLE, FL 32780

Provider Number:	0 263583-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.52**	**205.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

TUSKAWILLA NURSING AND REHAB	Provider Number:	0 263591-00
1024 WILLA SPRINGS DR	Date:	6/27/2014
WINTER SPRINGS, FL 32708	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.50**	**218.17**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HUNTER'S CREEK NURSING AND REHAB	Provider Number:	0 263605-00
14155 TOWN LOOP BLVD	Date:	6/27/2014
ORLANDO, FL 32837	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.03**	**246.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

BOULEVARD REHABILITATION CENTER	Provider Number:	0 263613-00
2839 S. SEACREST BOULEVARD	Date:	6/27/2014
BOYNTON BEACH, FL 33435-7994	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.93**	**210.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PALM CITY NURSING AND REHAB	Provider Number:	0 263621-00
2505 SW MARTIN HWY	Date:	6/27/2014
PALM CITY, FL 34990	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.81**	**230.43**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

BAY POINTE NURSING PAVILION	Provider Number:	0 263834-00
4201 31ST ST S	Date:	6/27/2014
SAINT PETERSBURG, FL 33712	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.23**	**224.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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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:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.39**	**214.40**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

DEERFIELD BEACH HEALTH AND REHABILITATION CENTER	Provider Number:	0 263851-00
401 EAST SAMPLE ROAD	Date:	6/27/2014
POMPANO BEACH, FL 33064	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.81**	**214.34**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

REHABILITATION AND HEALTHCARE CENTER OF CAPE CORAL	Provider Number:	0 263869-00
2629 DEL PRADO BLVD	Date:	6/27/2014
CAPE CORAL , FL 33904	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.62**	**216.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

CARROLLWOOD CARE CENTER	Provider Number:	0 263877-00
15002 HUTCHINSON RD	Date:	6/27/2014
TAMPA, FL 33625	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.77**	**209.02**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CASA MORA REHABILITATION AND EXTENDED CARE
1902 59TH ST W
BRADENTON, FL 34209

Provider Number:	0 263885-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.89**	**230.97**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

EVERGREEN WOODS HEALTH AND REHABILITATION CENTER	Provider Number:	0 263893-00
7045 EVERGREEN WOODS TRL	Date:	6/27/2014
SPRING HILL, FL 34608	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.39**	**215.22**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HIGHLAND PINES REHABILITATION CENTER	Provider Number:	0 263907-00
1111 S HIGHLAND AVE	Date:	6/27/2014
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.35**	**205.14**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION CENTER OF THE PALM BEACHES	Provider Number:	0 263915-00
301 NORTHPOINTE PARKWAY	Date:	6/27/2014
WEST PALM BEACH , FL 33407	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.37**	**223.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

POMPANO HEALTH AND REHABILITATION CENTER
51 W SAMPLE ROAD
POMPANO BEACH , FL 33064

Provider Number:	0 263923-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.85**	**217.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HEALTHCARE AND REHABILITATION CENTER OF SANFORD
950 MELLONVILLE AVE
SANFORD, FL 32771

Provider Number:	0 263931-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**190.79**	**199.75**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

REHABILITATION AND HEALTHCARE CENTER OF TAMPA	Provider Number:	0 263940-00
4411 N HABANA AVE	Date:	6/27/2014
TAMPA, FL 33614	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.02**	**204.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE ABBEY REHABILITATION AND NURSING CENTER
7101 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG, FL 33702

Provider Number:	0 263958-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.16**	**222.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE OAKS AT AVON PARK	Provider Number:	0 263966-00
1010 US 27 N	Date:	6/27/2014
AVON PARK, FL 33825	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**193.33**	**208.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 263966123120130101201304212014161047

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Medicaid Reimbursement Per Diem Rates

TITUSVILLE REHABILITATION AND NURSING CENTER	Provider Number:	0 263974-00
1705 JESS PARRISH CT	Date:	6/27/2014
TITUSVILLE, FL 32796	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.86**	**232.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SARASOTA HEALTH AND REHABILITATION CENTER	Provider Number:	0 263982-00
1524 EAST AVENUE SOUTH	Date:	6/27/2014
SARASOTA, FL 34239	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.09**	**211.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WINDSOR WOODS REHABILITATION AND HEALTHCARE CENTER
13719 DALLAS DR
HUDSON, FL 34667

Provider Number:	0 263991-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.89**	**204.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WINKLER COURT	Provider Number:	0 264008-00
3250 WINKLER AVENUE EXTENSION	Date:	6/27/2014
FORT MYERS, FL 33916	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.43**	**213.72**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

LAFAYETTE HEALTHCARE CENTER	Provider Number:	0 264482-00
512 W MAIN ST	Date:	6/27/2014
MAYO, FL 32066	Fiscal Year End:	10/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**187.72**	**188.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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46 Third Street NW
Hickory, NC 28601

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Medicaid Reimbursement Per Diem Rates

CLIFFORD CHESTER SIMS STATE VETERANS' NURSING HOME
4419 TRAM ROAD
PANAMA CITY, FL 32404

Provider Number:	0 264491-00
Date:	6/27/2014
Fiscal Year End:	6/30/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.61**	**240.21**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Florida Dept. of Veterans Affairs
11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CONWAY LAKES HEALTH & REHABILITATION CENTER	Provider Number:	0 264512-00
5201 CURRY FORD ROAD	Date:	6/27/2014
ORLANDO , FL 32812	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.71**	**238.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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709 S. Harbor City Blvd.
Melbourne, FL 32901

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BELLEAIR HEALTH CARE CENTER	Provider Number:	0 264521-00
1150 PONCE DE LEON BLVD	Date:	6/27/2014
CLEARWATER, FL 33756	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.91**	**224.98**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: Clear Choice Health Care, LLC
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Medicaid Reimbursement Per Diem Rates

EAST BAY REHABILITATION CENTER
4470 E BAY DR
CLEARWATER, FL 33764

Provider Number:	0 264539-00
Date:	6/27/2014
Fiscal Year End:	12/31/2012
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.29**	**228.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

MELBOURNE TERRACE RESTORATIVE CARE CENTER	Provider Number:	0 264547-00
251 FLORIDA AVE	Date:	6/27/2014
MELBOURNE, FL 32901	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**227.27**	**234.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CENTRE POINT HEALTH AND REHAB CENTER	Provider Number:	0 264563-00
2255 CENTERVILLE ROAD	Date:	6/27/2014
TALLAHASSEE , FL 32308	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.11**	**224.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: Clear Choice Health Care, LLC
709 S. Harbor City Blvd.
Melbourne, FL 32901

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SPRING LAKE REHABILITATION CENTER
1540 6TH ST NW
WINTER HAVEN, FL 33881

Provider Number:	0 264571-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**226.29**	**233.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Clear Choice Health Care, LLC
709 S. Harbor City Blvd.
Melbourne, FL 32901

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ESTERO	Provider Number:	0 265381-00
3850 WILLIAMS ROAD	Date:	6/27/2014
ESTERO, FL 33928	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.29**	**235.66**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

VALENCIA HILLS HEALTH AND REHABILITATION CENTER	Provider Number:	0 265560-00
1350 SLEEPY HILL RD	Date:	6/27/2014
LAKELAND, FL 33810	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**184.77**	**191.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

HIALEAH NURSING AND REHABILITATION CENTER	Provider Number:	0 265730-00
190 W 28TH STREET	Date:	6/27/2014
HIALEAH, FL 33010	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**189.35**	**204.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF OCALA	Provider Number:	0 266108-00
2800 SW 41ST ST	Date:	6/27/2014
OCALA, FL 34474	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.10**	**232.45**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

OASIS HEALTH AND REHABILITATION CENTER	Provider Number:	0 266124-00
1201 12TH AVENUE SOUTH	Date:	6/27/2014
LAKE WORTH , FL 33460	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**230.80**	**240.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

- Budget
- Unaudited costs
- Field audited costs
- Desk audited costs

Changes:

X Rate Semester Change

Distribution:

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No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SOUTHPOINT TERRACE	Provider Number:	0 266281-00
4325 SOUTHPOINT BOULEVARD	Date:	6/27/2014
JACKSONVILLE, FL 32216	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**167.99**	**178.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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Medicaid Reimbursement Per Diem Rates

WHISPERING OAKS	Provider Number:	0 266612-00
1514 E CHELSEA ST	Date:	6/27/2014
TAMPA, FL 33610	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**157.80**	**163.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT BOCA CIEGA BAY	Provider Number:	0 267724-00
1255 PASADENA AVE S, SUITE C	Date:	6/27/2014
SOUTH PASADENA, FL 33707	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.24**	**229.65**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT MERCY	Provider Number:	0 267902-00
3671 S MIAMI AVENUE	Date:	6/27/2014
MIAMI , FL 33133	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**186.56**	**200.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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1704 Huntington Village Circle
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Medicaid Reimbursement Per Diem Rates

LANIER MANOR	Provider Number:	0 268003-00
12740 LANIER ROAD	Date:	6/27/2014
JACKSONVILLE, FL 32226	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.69**	**213.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

SUSANNA WESLEY HEALTH CENTER	Provider Number:	0 268062-00
5300 W 16TH AVENUE	Date:	6/27/2014
HIALEAH, FL 33012	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**245.37**	**259.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PALM BAY	Provider Number:	0 268186-00
175 VILLA NUEVA AVE	Date:	6/27/2014
PALM BAY, FL 32907	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.45**	**217.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

HARBORCHASE OF NAPLES	Provider Number:	0 268585-00
7801 AIRPORT PULLING ROAD N	Date:	6/27/2014
NAPLES, FL 34109	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.81**	**239.43**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ABBIEJEAN RUSSELL CARE CENTER	Provider Number:	0 268755-00
700 S 29TH STREET	Date:	6/27/2014
FORT PIERCE, FL 34947	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.79**	**240.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Synergy Health Care
1835 Miami Gardens Dr. Suite 167
North Miami Beach, FL 33179

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Medicaid Reimbursement Per Diem Rates

GOOD SAMARITAN CENTER	Provider Number:	0 268763-00
10676 MARVIN JONES BLVD	Date:	6/27/2014
LIVE OAK, FL 32060	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.84**	**210.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE SPRINGS AT LAKE POINTE WOODS	Provider Number:	0 268780-00
3280 LAKE POINTE BLVD	Date:	6/27/2014
SARASOTA, FL 34231	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.81**	**238.70**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

MAJESTIC OAKS CONTINUING CARE COMPLEX	Provider Number:	0 269000-00
901 VETERAN'S MEMORIAL PARKWAY	Date:	6/27/2014
ORANGE CITY, FL 32763	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.80**	**210.92**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

HARMONY HEALTH CENTER	Provider Number:	0 269107-00
9820 N KENDALL DRIVE	Date:	6/27/2014
MIAMI, FL 33176	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.99**	**202.06**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

DOUGLAS JACOBSON STATE VETERANS NURSING HOME	Provider Number:	0 269492-00
21281 GRAYTON TERRACE	Date:	6/27/2014
PORT CHARLOTTE, FL 33954	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**229.99**	**233.93**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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11351 Ulmerton Road, Room 332-I
Largo, Fl 33778-1630

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF SUNRISE	Provider Number:	0 269697-00
9711 W OAKLAND PARK BLVD	Date:	6/27/2014
SUNRISE , FL 33351	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.28**	**217.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF WINTER PARK	Provider Number:	0 269719-00
558 N SEMORAN BLVD	Date:	6/27/2014
WINTER PARK, FL 32792	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.77**	**208.71**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

REGENTS PARK OF JACKSONVILLE
8700 A C SKINNER PARKWAY
JACKSONVILLE, FL 32256

Provider Number:	0 269727-00
Date:	6/27/2014
Fiscal Year End:	12/31/2013
Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.64**	**210.03**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

JACARANDA MANOR	Provider Number:	0 281743-00
4250 66TH ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33709	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**168.00**	**180.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Grace Healthcare, Inc
7201 Shallowford Rd, STE 200
Chattanooga, TN 37421

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

WEST GABLES HEALTH CARE CENTER	Provider Number:	0 282359-00
2525 SW 75TH AVENUE	Date:	6/27/2014
MIAMI, FL 33155	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**237.51**	**247.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Preferred Care, Inc.
5420 West Plano Parkway
Plano, TX 75093

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

RIDGECREST NURSING & REHABILITATION CENTER	Provider Number:	0 282464-00
1200 NORTH STONE STREET	Date:	6/27/2014
DELAND, FL 32720	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.57**	**224.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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4042 Park Oaks Blvd, Suite 300
Tampa, FL 33610

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Medicaid Reimbursement Per Diem Rates

CORAL REEF NURSING AND REHABILITATION CENTER	Provider Number:	0 282529-00
9869 SW 152ND STREET	Date:	6/27/2014
MIAMI , FL 33157	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.05**	**250.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office:

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Medicaid Reimbursement Per Diem Rates

PALM TERRACE OF ST. PETERSBURG	Provider Number:	0 282537-00
521 69TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33702	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.49**	**247.01**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cypress Administrative Services, LLC
4 West Red Oak Lane, Suite 201
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE TERRACE AT DAYTONA BEACH	Provider Number:	0 282553-00
1704 HUNTINGTON VILLAGE CIRCLE	Date:	6/27/2014
DAYTONA BEACH , FL 32114	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**167.96**	**175.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: SMJ Enterprises, LLC
1704 Huntington Village Circle
Daytona Beach, FL 32114

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Medicaid Reimbursement Per Diem Rates

PALM TERRACE OF CLEWISTON	Provider Number:	0 282618-00
301 SOUTH GLORIA STREET	Date:	6/27/2014
CLEWISTON, FL 33440	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.66**	**234.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

PALM TERRACE OF LAKELAND	Provider Number:	0 282626-00
1919 LAKELAND HILLS BLVD	Date:	6/27/2014
LAKELAND, FL 33805	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.67**	**223.35**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim		Total Prospective
	Interim Component	X	Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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White Plains, NY 10604

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF JACKSONVILLE	Provider Number:	0 283193-00
4813 LENOIR AVENUE	Date:	6/27/2014
JACKSONVILLE, FL 32216	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.75**	**228.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF ORANGE PARK	Provider Number:	0 284289-00
2145 KINGSLEY AVE	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.40**	**203.15**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

THE TERRACE AT FLEMING ISLAND	Provider Number:	0 284785-00
1125 FLEMING PLANTATION BLVD	Date:	6/27/2014
ORANGE PARK, FL 32003	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**170.22**	**177.84**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

BRIGHTON GARDENS OF TAMPA	Provider Number:	0 284793-00
16702 NORTH DALE MABRY HWY	Date:	6/27/2014
TAMPA, FL 33618	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.86**	**233.47**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

AVENTURA PLAZA REHABILITATION AND NURSING CENTER	Provider Number:	0 284823-00
1800 N E 168TH STREET	Date:	6/27/2014
NORTH MIAMI BEACH, FL 33162	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**278.10**	**290.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CYPRESS VILLAGE	Provider Number:	0 307998-00
4600 MIDDLETON PARK CIR E	Date:	6/27/2014
JACKSONVILLE, FL 32224	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.58**	**222.55**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HEBREW HOME OF SOUTH BEACH	Provider Number:	0 308242-00
320 COLLINS AVENUE	Date:	6/27/2014
MIAMI BEACH , FL 33139	Fiscal Year End:	8/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**232.91**	**244.31**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

PONCE PLAZA NURSING & REHAB CENTER	Provider Number:	0 308251-00
335 SW 12 AVENUE	Date:	6/27/2014
MIAMI , FL 33130	Fiscal Year End:	1/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**240.97**	**253.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Hebrew Home Management Services
1800 NE 168th Street, Suite 200
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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

THE ALLEGRO AT COLLEGE HARBOR	Provider Number:	0 309800-00
4600 54TH AVE S	Date:	6/27/2014
SAINT PETERSBURG, FL 33711	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**243.61**	**258.69**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

Allegro Senior Living, LLC
212 S. Central Avenue
Suite 301
St. Louis, MO 63105

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ATLANTIC HEALTHCARE CENTER	Provider Number:	0 310581-00
3663 15TH AVENUE	Date:	6/27/2014
VERO BEACH, FL 32960	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.97**	**209.01**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. MARK VILLAGE, INC.	Provider Number:	0 310841-00
2655 NEBRASKA AVE	Date:	6/27/2014
PALM HARBOR, FL 34684	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.57**	**226.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Home Office:

Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTH POINTE PLAZA	Provider Number:	0 311308-00
42 COLLINS AVENUE	Date:	6/27/2014
MIAMI BEACH , FL 33139	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**196.89**	**201.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PUNTA GORDA	Provider Number:	0 311685-00
450 SHREVE STREET	Date:	6/27/2014
PUNTA GORDA , FL 33950	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**234.95**	**250.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SANDALWOOD NURSING CENTER	Provider Number:	0 312045-00
1001 S BEACH STREET	Date:	6/27/2014
DAYTONA BEACH, FL 32114	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.09**	**205.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Cardinal Resources, LLC
16 Norcross Street
Roswell, GA 30075

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAKEWOOD NURSING CENTER	Provider Number:	0 312142-00
100 N LAKE ST	Date:	6/27/2014
CRESCENT CITY, FL 32112	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.54**	**214.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CROSS CITY REHABILITATION AND HEALTH CENTER	Provider Number:	0 312151-00
583 NE 351 HWY	Date:	6/27/2014
CROSS CITY, FL 32628	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.09**	**196.49**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: CNH, LLC
46 Third Street NW
Hickory, NC 28601

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CRESTWOOD NURSING CENTER	Provider Number:	0 312274-00
501 S PALM AVE	Date:	6/27/2014
PALATKA, FL 32177	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**184.85**	**200.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Putnam Council, Inc.
16 Norcross Street
Roswell, GA 30075

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAVANNAH COVE OF THE PALM BEACHES	Provider Number:	0 312312-00
2090 N CONGRESS AVE	Date:	6/27/2014
WEST PALM BEACH , FL 33401	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.34**	**224.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Senior Living Management Corporation
4661 Johnson Road, Suite 7
Coconut, FL 33073

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SOUTHLAKE NURSING AND REHABILITATION CENTER	Provider Number:	0 312371-00
10680 OLD ST AUGUSTINE RD	Date:	6/27/2014
JACKSONVILLE, FL 32257	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.74**	**234.38**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Mandarin Health Group
199 N.E. 89th Street
El Portal, FL 33138

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SAVANNAH COVE OF MAITLAND	Provider Number:	0 312550-00
1301 W MAITLAND BLVD	Date:	6/27/2014
MAITLAND, FL 32751	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.38**	**214.57**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

Contract Management / Fiscal Agent

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Senior Living Management Corporation
4661 Johnson Road, Suite 7
Coconut, FL 33073

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

CHILDREN'S COMPREHENSIVE CARE CENTER	Provider Number:	0 312789-00
200 SE 19TH AVENUE	Date:	6/27/2014
POMPANO BEACH, FL 33060	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**260.33**	**269.35**	**7/1/2014**
	Level U: Fragile Under 21	**540.71**	**549.73**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Broward Children's Center, Inc.
200 SE 19th Avenue
Pompano Beach, FL 33072

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HOLLYWOOD HILLS REHABILITATION CENTER, LLC	Provider Number:	0 313424-00
1200 N 35TH AVE	Date:	6/27/2014
HOLLYWOOD, FL 33021	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.16**	**234.10**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Herlee, Inc
1201 North 37th Street
Hollywood, FL 33021

NC68L	Report Calculated: 6/27/2014 4:14:19 PM	Report Printed :6/30/2014	ID: 3134240630201307012012111820131217 48

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Medicaid Reimbursement Per Diem Rates

LUTHERAN HAVEN NURSING HOME	Provider Number:	0 313718-00
1525 HAVEN DRIVE	Date:	6/27/2014
OVIEDO, FL 32765	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.90**	**218.22**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Home Office:

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

LIFE CARE CENTER OF PENSACOLA	Provider Number:	0 315664-00
3291 EAST OLIVE RD	Date:	6/27/2014
PENSACOLA, FL 32514	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.05**	**224.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

WESTWOOD HEALTH CARE CENTER	Provider Number:	0 316075-00
1001 MAR-WALT DRIVE	Date:	6/27/2014
FORT WALTON BEACH , FL 32548	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**221.19**	**229.23**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

LAURELLWOOD NURSING CENTER, INC.	Provider Number:	0 316628-00
3127 57TH AVE N	Date:	6/27/2014
SAINT PETERSBURG, FL 33714	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**177.99**	**186.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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

State of Florida Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HARBOURWOOD NURSING CENTER, INC.	Provider Number:	0 316636-00
549 SKY HARBOR DR	Date:	6/27/2014
BLDG 31	Fiscal Year End:	5/31/2013
CLEARWATER, FL 33759	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.67**	**225.52**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

GRACEWOOD NURSING CENTER, INC.	Provider Number:	0 316644-00
8600 US HWY 19 N	Date:	6/27/2014
PINELLAS PARK, FL 33782	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**179.61**	**187.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BAYWOOD NURSING CENTER, INC	Provider Number:	0 316652-00
2000 17TH AVE S	Date:	6/27/2014
SAINT PETERSBURG, FL 33712	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**184.63**	**192.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

THE NURSING CENTER AT FREEDOM VILLAGE	Provider Number:	0 317195-00
6410 21ST AVE W	Date:	6/27/2014
BRADENTON, FL 34209	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.25**	**209.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Home Office: Brookdale Senior Living, Inc.
111 Westwood Place, Ste. 400
Brentwood, TN 37027

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Medicaid Reimbursement Per Diem Rates

DARCY HALL OF LIFE CARE	Provider Number:	0 317349-00
2170 PALM BEACH LAKES BLVD	Date:	6/27/2014
WEST PALM BEACH, FL 33409	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.47**	**235.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office: Life Care Centers Of America
3570 NW Keith Street
Cleveland, TN 37312

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Medicaid Reimbursement Per Diem Rates

PARKLANDS REHABILITATION AND NURSING CENTER	Provider Number:	0 317578-00
1000 SW 16TH AVE	Date:	6/27/2014
GAINESVILLE, FL 32601	Fiscal Year End:	3/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.13**	**245.32**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WILLISTON REHABILITATION AND NURSING CENTER	Provider Number:	0 317586-00
300 NW 1ST AVE	Date:	6/27/2014
WILLISTON, FL 32696	Fiscal Year End:	3/31/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**224.90**	**237.39**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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New City, NY 10956

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Medicaid Reimbursement Per Diem Rates

CITRUS GARDENS OF FORT MYERS	Provider Number:	0 318787-00
7173 CYPRESS DRIVE SW	Date:	6/27/2014
FORT MYERS, FL 33907-2994	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.44**	**201.98**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE COURT AT PALM-AIRE	Provider Number:	0 318795-00
2701 N COURSE DR	Date:	6/27/2014
POMPANO BEACH, FL 33069-3058	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**241.26**	**249.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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400 Centre Street
Newton, MA 02458

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Medicaid Reimbursement Per Diem Rates

PALMER RANCH HEALTHCARE AND REHABILITATION	Provider Number:	0 319244-00
5111 PALMER RANCH PARKWAY	Date:	6/27/2014
SARASOTA, FL 34238	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**259.14**	**269.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

PORT CHARLOTTE REHABILITATION CENTER	Provider Number:	0 319325-00
25325 RAMPART BLVD	Date:	6/27/2014
PORT CHARLOTTE, FL 33983	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**231.98**	**247.41**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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1935 Garraux Road, Northwest
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Medicaid Reimbursement Per Diem Rates

HARBOUR HEALTH CENTER	Provider Number:	0 319333-00
23013 WESTCHESTER BLVD	Date:	6/27/2014
PORT CHARLOTTE, FL 33980	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.82**	**230.11**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Brentwood, TN 37027

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Medicaid Reimbursement Per Diem Rates

ATRIUM HEALTHCARE CENTER	Provider Number:	0 319376-00
9960 ATRIUM WAY	Date:	6/27/2014
JACKSONVILLE , FL 32225	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.23**	**214.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ZEPHYR HAVEN HEALTH & REHAB CENTER, INC.	Provider Number:	0 320391-00
38250 A AVE	Date:	6/27/2014
ZEPHYRHILLS, FL 33542	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.69**	**209.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

ZEPHYRHILLS HEALTH & REHAB CENTER, INC.	Provider Number:	0 320404-00
7350 DAIRY RD	Date:	6/27/2014
ZEPHYRHILLS , FL 33540	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**201.85**	**207.80**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SUNBELT HEALTH & REHAB CENTER - APOPKA, INC.	Provider Number:	0 320412-00
305 EAST OAK STREET	Date:	6/27/2014
APOPKA , FL 32703	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.57**	**216.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

EAST ORLANDO HEALTH & REHAB CENTER, INC.	Provider Number:	0 320421-00
250 SOUTH CHICKASAW TRAIL	Date:	6/27/2014
ORLANDO, FL 32825-3308	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.92**	**243.94**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

ADVENTIST CARE CENTERS - COURTLAND, INC.	Provider Number:	0 320439-00
730 COURTLAND STREET	Date:	6/27/2014
ORLANDO , FL 32804	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.49**	**226.68**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

FLORIDA LIVING NURSING CENTER	Provider Number:	0 320463-00
3355 E SEMORAN BLVD	Date:	6/27/2014
APOPKA, FL 32703	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.46**	**236.77**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

LEHIGH ACRES HEALTH & REHABILITATION CENTER	Provider Number:	0 320978-00
1550 LEE BLVD	Date:	6/27/2014
LEHIGH ACRES, FL 33936	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**248.29**	**257.05**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

FT. LAUDERDALE HEALTH & REHAB CENTER	Provider Number:	0 321303-00
2000 EAST COMMERCIAL BLVD	Date:	6/27/2014
FORT LAUDERDALE, FL 33308	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**223.09**	**236.38**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

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Medicaid Reimbursement Per Diem Rates

THE PALMS REHABILITATION AND NURSING CENTER	Provider Number:	0 321532-00
3370 NW 47TH TERRACE	Date:	6/27/2014
LAUDERDALE LAKES, FL 33319	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.20**	**249.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

CORAL GABLES NURSING AND REHABILITATION	Provider Number:	0 323772-00
7060 SW 8TH STREET	Date:	6/27/2014
MIAMI, FL 33144	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**225.04**	**235.95**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

Home Office:

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

TARPON POINT NURSING AND REHABILITATION CENTER	Provider Number:	0 323781-00
5157 PARK CLUB DRIVE	Date:	6/27/2014
SARASOTA , FL 34235	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**239.30**	**253.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

ST. ANDREW'S BAY SKILLED NURSING AND REHABILITATIO	Provider Number:	0 323799-00
2100 JENKS AVE	Date:	6/27/2014
PANAMA CITY, FL 32405	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**220.97**	**228.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HAMPTON COURT NURSING CENTER	Provider Number:	0 324027-00
16100 NW 2ND AVENUE	Date:	6/27/2014
NORTH MIAMI BEACH, FL 33169	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**247.25**	**244.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

ADVANCED REHABILITATION & HEALTH CENTER	Provider Number:	0 324094-00
401 FAIRWOOD AVE	Date:	6/27/2014
CLEARWATER, FL 33759	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**235.71**	**246.20**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

BAYSIDE REHABILITATION & HEALTH CENTER	Provider Number:	0 324108-00
811 JACKSON ST N	Date:	6/27/2014
SAINT PETERSBURG, FL 33705	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**257.23**	**268.53**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

EXCEL REHABILITATION & HEALTH CENTER	Provider Number:	0 324116-00
2811 CAMPUS HILL DR	Date:	6/27/2014
TAMPA, FL 33612	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.23**	**249.86**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MADISON POINTE REHABILITATION & HEALTH CENTER	Provider Number:	0 324124-00
6020 INDIANA AVE	Date:	6/27/2014
NEW PORT RICHEY, FL 34653-3214	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.95**	**241.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

SHORE ACRES REHABILITATION & HEALTH CENTER	Provider Number:	0 324132-00
4500 INDIANAPOLIS ST NE	Date:	6/27/2014
SAINT PETERSBURG, FL 33703	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**233.91**	**245.07**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

WOODBRIDGE REHABILITATION & HEALTH CENTER	Provider Number:	0 324141-00
8720 JACKSON SPRINGS RD	Date:	6/27/2014
TAMPA, FL 33615-3210	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**236.23**	**247.61**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

PALMETTO REHABILITATION AND HEALTH CENTER	Provider Number:	0 324167-00
6750 WEST 22ND COURT	Date:	6/27/2014
HIALEAH, FL 33016	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**249.88**	**265.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

COURTYARDS OF ORLANDO	Provider Number:	0 324175-00
1900 MERCY DRIVE	Date:	6/27/2014
ORLANDO, FL 32808	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.68**	**239.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ROYAL CARE OF AVON PARK	Provider Number:	0 324213-00
1213 W STRATFORD RD	Date:	6/27/2014
AVON PARK, FL 33825	Fiscal Year End:	12/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.10**	**207.00**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Home Office: No Home Office

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Medicaid Reimbursement Per Diem Rates

SEMINOLE PAVILION REHABILITATION & NURSING SERVICE	Provider Number:	0 324230-00
10800 TEMPLE TERRACE	Date:	6/27/2014
SEMINOLE, FL 33772	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.28**	**218.60**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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111 Westwood Place, Ste. 400
Brentwood, TN 37027

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2727 Mahan Drive - Mail Stop 23

Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

FREEDOM SQUARE REHABILITATION & NURSING SERVICES	Provider Number:	0 324248-00
10801 JOHNSON BLVD	Date:	6/27/2014
SEMINOLE, FL 33772	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.44**	**216.74**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

HERITAGE PARK CARE AND REHABILITATION CENTER	Provider Number:	0 324345-00
2302 59TH ST W	Date:	6/27/2014
BRADENTON, FL 34209	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.79**	**209.56**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Medicaid Reimbursement Per Diem Rates

WASHINGTON REHABILITATION & NURSING CENTER	Provider Number:	0 324353-00
879 USERY ROAD	Date:	6/27/2014
CHIPLEY, FL 32428	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.78**	**207.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

CHAUTAUQUA REHABILITATION & NURSING CENTER	Provider Number:	0 324361-00
785 S 2ND STREET	Date:	6/27/2014
DEFUNIAK SPRINGS, FL 32433	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.43**	**208.08**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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SIGNATURE HEALTHCARE OF COLLEGE PARK	Provider Number:	0 324370-00
13755 GOLF CLUB PKWY	Date:	6/27/2014
FORT MYERS, FL 33919	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.15**	**219.90**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF GAINESVILLE	Provider Number:	0 324388-00
4000 SW 20TH AVE	Date:	6/27/2014
GAINESVILLE, FL 32607	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.45**	**209.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF NORTH FLORIDA	Provider Number:	0 324396-00
1083 SANDERS AVENUE	Date:	6/27/2014
GRACEVILLE , FL 32440	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.64**	**198.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE CENTER OF WATERFORD	Provider Number:	0 324400-00
8333 W OKEECHOBEE ROAD	Date:	6/27/2014
HIALEAH GARDENS , FL 33016	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.21**	**207.50**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF BROOKWOOD GARDENS	Provider Number:	0 324418-00
1990 S CANAL DRIVE	Date:	6/27/2014
HOMESTEAD, FL 33035	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.37**	**220.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Thomas Parker

Medicaid Cost Reimbursement Planning and Finance

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Tallahassee, Florida 32308

Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE AT THE COURTYARD	Provider Number:	0 324426-00
2600 FOREST GLEN TRAIL	Date:	6/27/2014
MARIANNA, FL 32446	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.76**	**209.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORANGE PARK	Provider Number:	0 324434-00
2029 PROFESSIONAL CENTER DR	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**203.73**	**207.79**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF ORMOND	Provider Number:	0 324442-00
103 NORTH CLYDE MORRIS BLVD	Date:	6/27/2014
ORMOND BEACH, FL 32174	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.82**	**214.96**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ANCHOR CARE & REHABILITATION CENTER	Provider Number:	0 324451-00
1515 PORT MALABAR BLVD NE	Date:	6/27/2014
PALM BAY, FL 32905-5455	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.21**	**200.85**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PINELLAS PARK CARE AND REHABILITATION CENTER	Provider Number:	0 324469-00
8701 49TH ST N	Date:	6/27/2014
PINELLAS PARK, FL 33782	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.22**	**205.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

SIGNATURE HEALTHCARE OF PORT CHARLOTTE	Provider Number:	0 324477-00
4033 BEAVER LANE	Date:	6/27/2014
PORT CHARLOTTE, FL 33952	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**216.24**	**216.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

THE BRIDGE AT BAY ST. JOE	Provider Number:	0 324485-00
220 NINTH STREET	Date:	6/27/2014
PORT SAINT JOE, FL 32456	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**192.63**	**196.34**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

KENILWORTH CARE AND REHABILITATION CENTER	Provider Number:	0 324493-00
3011 KENILWORTH BLVD	Date:	6/27/2014
SEBRING, FL 33870	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.36**	**203.42**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

PENINSULA CARE AND REHABILITATION CENTER	Provider Number:	0 324507-00
900 BECKETT WAY	Date:	6/27/2014
TARPON SPRINGS, FL 34689	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.66**	**209.62**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

WINTER PARK CARE AND REHABILITATION CENTER	Provider Number:	0 324515-00
2970 SCARLETT RD	Date:	6/27/2014
WINTER PARK, FL 32792	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.15**	**212.46**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

SOUTHERN OAKS REHABILITATION AND NURSING CENTER	Provider Number:	0 324566-00
600 WEST GREGORY STREET	Date:	6/27/2014
PENSACOLA , FL 32501	Fiscal Year End:	12/31/2012
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.36**	**218.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

TERRACES OF LAKE WORTH REHAB AND HEALTH CENTER	Provider Number:	0 325031-00
1711 6TH AVENUE SOUTH	Date:	6/27/2014
LAKE WORTH, FL 33460	Fiscal Year End:	2/28/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**255.21**	**265.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

ARBOR VILLAGE NURSING CENTER	Provider Number:	0 325040-00
490 S OLD WIRE RD	Date:	6/27/2014
WILDWOOD, FL 34785	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**212.72**	**237.28**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

NORTH LAKE REHABILITATION AND HEALTH CENTER	Provider Number:	0 325163-00
750 BAYBERRY DRIVE	Date:	6/27/2014
LAKE PARK , FL 33403	Fiscal Year End:	2/28/2014
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**253.78**	**270.59**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-JACKSONVILLE	Provider Number:	0 325236-00
8495 NORMANDY BLVD	Date:	6/27/2014
JACKSONVILLE, FL 32221	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.84**	**215.13**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-KENDALL	Provider Number:	0 325244-00
9400 SW 137TH AVENUE	Date:	6/27/2014
KENDALL, FL 33186	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.73**	**212.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- MIAMI LAKES	Provider Number:	0 325252-00
5725 NW 186 STREET	Date:	6/27/2014
HIALEAH, FL 33015	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.19**	**219.76**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-ORANGE PARK	Provider Number:	0 325261-00
570 WELLS RD	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**206.55**	**206.12**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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MANORCARE NURSING AND REHABILITATION CENTER	Provider Number:	0 325279-00
2075 LOCH LOMOND DRIVE	Date:	6/27/2014
WINTER PARK , FL 32792	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.30**	**205.26**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER OF SOUTH JACKSONVILLE	Provider Number:	0 325287-00
3648 UNIVERSITY BLVD S	Date:	6/27/2014
JACKSONVILLE, FL 32216	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**199.71**	**207.64**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND OF BROOKSVILLE	Provider Number:	0 325295-00
575 LAMAR AVE	Date:	6/27/2014
BROOKSVILLE, FL 34601	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**200.99**	**209.48**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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_____No Change in Rate

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Medicaid Reimbursement Per Diem Rates

HEARTLANF HEALTH CARE CENTER- BOYNTON BEACH	Provider Number:	0 325309-00
3600 OLD BOYNTON ROAD	Date:	6/27/2014
BOYNTON BEACH , FL 33436	Fiscal Year End:	6/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**195.41**	**195.51**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-FT. MYERS	Provider Number:	0 325325-00
1600 MATTHEW DRIVE	Date:	6/27/2014
FORT MYERS, FL 33907	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**205.94**	**213.36**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER- LAUDERHILL	Provider Number:	0 325333-00
2599 NW 55TH AVE	Date:	6/27/2014
LAUDERHILL, FL 33313	Fiscal Year End:	7/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.62**	**196.45**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-PROSPERITY OAKS	Provider Number:	0 325341-00
11375 PROSPERITY FARMS ROAD	Date:	6/27/2014
PALM BEACH GARDENS , FL 33410	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**204.11**	**212.78**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

HEARTLAND OF TAMARAC	Provider Number:	0 325350-00
5901 NW 79TH AVENUE	Date:	6/27/2014
TAMARAC, FL 33321	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**209.07**	**217.58**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES (BOCA RATON)	Provider Number:	0 325368-00
375 NW 51ST STREET	Date:	6/27/2014
BOCA RATON, FL 33431	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**194.38**	**202.19**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-BOYNTON BEACH	Provider Number:	0 325376-00
3001 SOUTH CONGRESS AVENUE	Date:	6/27/2014
BOYNTON BEACH, FL 33426	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.11**	**219.65**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES	Provider Number:	0 325384-00
13881 EAGLE RIDGE DRIVE	Date:	6/27/2014
FORT MYERS, FL 33912	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.52**	**223.29**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANOR CARE @ LELY PALMS	Provider Number:	0 325422-00
6135 RATTLESNAKE HAMMOCK ROAD	Date:	6/27/2014
NAPLES, FL 34113	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**228.28**	**238.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANOR CARE NURSING AND REHABILITATION CENTER	Provider Number:	0 325449-00
3601 LAKEWOOD BLVD	Date:	6/27/2014
NAPLES, FL 34112	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**210.07**	**218.83**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES (PLANTATION)	Provider Number:	0 325457-00
6931 W SUNRISE BLVD	Date:	6/27/2014
PLANTATION, FL 33313	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**211.71**	**219.99**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-SARASOTA	Provider Number:	0 325465-00
5511 SWIFT ROAD	Date:	6/27/2014
SARASOTA , FL 34231	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**208.44**	**217.18**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MANOR CARE HEALTH SERVICES	Provider Number:	0 325473-00
1450 EAST VENICE AVENUE	Date:	6/27/2014
VENICE , FL 34292	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**213.41**	**222.72**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-WEST PALM BEACH	Provider Number:	0 325481-00
2300 VILLAGE BLVD	Date:	6/27/2014
WEST PALM BEACH , FL 33409	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**207.65**	**208.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

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Medicaid Reimbursement Per Diem Rates

HEARTLAND HEALTH CARE CENTER-NORTH SARASOTA	Provider Number:	0 325490-00
3250 12TH ST	Date:	6/27/2014
SARASOTA, FL 34237	Fiscal Year End:	8/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**214.19**	**222.91**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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MANORCARE HEALTH SERVICES (DELRAY BEACH)	Provider Number:	0 325520-00
16200 JOG ROAD	Date:	6/27/2014
DELRAY BEACH, FL 33446	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**198.05**	**205.04**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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MANORCARE HEALTH SERVICES-CARROLLWOOD	Provider Number:	0 325678-00
3030 BEARSS AVE	Date:	6/27/2014
TAMPA, FL 33618	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**218.48**	**225.81**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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MANOR-CARE HEALTH SERVICES-DUNEDIN	Provider Number:	0 325686-00
870 PATRICIA AVE	Date:	6/27/2014
DUNEDIN, FL 34698	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**197.97**	**199.06**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Medicaid Reimbursement Per Diem Rates

MANORCARE HEALTH SERVICES-PALM HARBOR	Provider Number:	0 325694-00
2851 TAMPA RD	Date:	6/27/2014
PALM HARBOR, FL 34684	Fiscal Year End:	5/31/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**191.80**	**199.89**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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HEARTLAND OF ZEPHYRHILLS	Provider Number:	0 325708-00
38220 HENRY DR	Date:	6/27/2014
ZEPHYRHILLS, FL 33540	Fiscal Year End:	9/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**202.21**	**210.62**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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MOOSEHAVEN, INC.	Provider Number:	0 326011-00
1701 PARK AVENUE	Date:	6/27/2014
ORANGE PARK, FL 32073	Fiscal Year End:	4/30/2013
	Audit Status:	Unaudited

Provider Type:

		Current Rate	New Rate	Effective Date
Nursing Home	**Single Level**	**215.95**	**224.69**	**7/1/2014**

Rate Type:

	Interim	X	Prospective
	Total Interim	X	Total Prospective
	Interim Component		Total Prospective with Interim Component
	Settlement based on cost		
	Prior Provider Prospective data		

Basis:

	Budget
X	Unaudited costs
	Field audited costs
	Desk audited costs

Changes:

X	Rate Semester Change

Distribution:

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Home Office:

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