



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

000169300 - 2022/07

RI: 364.39

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2019	11/30/2020	Unaudited Costs	202107
Prior Cost Report	12/1/2018	11/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.507	154.467	205.974	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02483014	52.786	158.303	211.088	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03476220	53.297	159.837	213.134	0.000	0.000	0.000
4.Current Period Cost	50.911	139.303	190.214	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.386	20.534		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.911	139.303	190.214	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.193	10.267	11.460	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.091	4.179	9.270	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.193	4.179	5.372	0.000	0.000	0.000
10.Final Incentive	1.193	4.179	5.372	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	52.104	143.483	195.586	0.000	0.000	0.000
12.Plus: Property Rate Component			19.368			0.000
13.Plus: ROE/Use Rate			0.748			0.000
14.Total Current Period Base			215.703			0.000
15.Prospective Rate: Line 11 x Inflation 1.11719212	58.210	160.298	218.508	0.000	0.000	0.000
16.Interim Rate Component: *	2.320	11.970	14.290	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	60.530	172.268	232.798	0.000	0.000	0.000
19.Property Rate Component			19.368			0.000
20.ROE Component + ROE Interim Component *			0.748			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			252.91			0.00
23.Medicaid Days		21,459			0	
24.Resident Days		21,459			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			23.60			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			26.20			0.00
29.Plus: \$15 Wage Increase (.10389792333)			34.30			0.00
30.Final Per Diem After Adjustments			364.39			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

001069500 - 2022/07

RI: 575.88

NM: 722.79

Miner North

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2020	5/31/2021	Unaudited Costs	202107
Prior Cost Report	6/1/2019	5/31/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	124.311	200.246	324.557	124.311	287.322	411.632
2.Inflate Line 1 by Inflation Factor 1.03131317	128.203	206.516	334.719	128.203	296.319	424.522
3.Line 1 X 1.4000 X Inflation Factor 1.04383844	129.760	209.025	338.785	129.760	299.917	429.677
4.Current Period Cost	124.398	195.447	319.845	124.398	270.425	394.824
5.Incentive Basis (line 3 - line 4)	5.362	13.578		5.362	29.492	
6.Allowed Current Period Costs (Min of line 3 or 4)	124.398	195.447	319.845	124.398	270.425	394.824
7.Incentive Line 5 x Oper 50% Res 50%	2.681	6.789	9.470	2.681	14.746	17.427
8.Incentive - Line 4 x Oper 10% Res 3%	12.440	5.863	18.303	12.440	8.113	20.553
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.681	5.863	8.544	2.681	8.113	10.794
10.Final Incentive	2.681	5.863	8.544	2.681	8.113	10.794
11.Current Period Base: (line 6 + line 10)	127.079	201.310	328.390	127.079	278.538	405.617
12.Plus: Property Rate Component			54.030			54.030
13.Plus: ROE/Use Rate			1.136			1.136
14.Total Current Period Base			383.555			460.783
15.Prospective Rate: Line 11 x Inflation 1.09756323	139.478	220.951	360.428	139.478	305.713	445.190
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	28.250	28.250
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	139.478	220.951	360.428	139.478	333.963	473.440
19.Property Rate Component			54.030			54.030
20.ROE Component + ROE Interim Component *			1.136			1.136
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			415.59			528.61
23.Medicaid Days		329			8,075	
24.Resident Days		329			8,075	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.29			46.80
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.40			51.96
29.Plus: \$15 Wage Increase (.10389792333)			54.20			68.03
30.Final Per Diem After Adjustments			575.88			722.79

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

001071000 - 2022/07

RI: 589.06

NM: 726.49

Miner South

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2020	5/31/2021	Unaudited Costs	202107
Prior Cost Report	6/1/2019	5/31/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	123.135	178.252	301.386	123.135	260.718	383.853
2.Inflate Line 1 by Inflation Factor 1.03131317	126.990	183.833	310.824	126.990	268.882	395.872
3.Line 1 X 1.4000 X Inflation Factor 1.04383844	128.533	186.066	314.599	128.533	272.147	400.680
4.Current Period Cost	121.010	205.367	326.377	121.010	296.354	417.364
5.Incentive Basis (line 3 - line 4)	7.523	0.000		7.523	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	121.010	186.066	307.076	121.010	272.147	393.157
7.Incentive Line 5 x Oper 50% Res 50%	3.761	0.000	3.761	3.761	0.000	3.761
8.Incentive - Line 4 x Oper 10% Res 3%	12.101	0.000	12.101	12.101	0.000	12.101
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.761	0.000	3.761	3.761	0.000	3.761
10.Final Incentive	3.761	0.000	3.761	3.761	0.000	3.761
11.Current Period Base: (line 6 + line 10)	124.771	186.066	310.837	124.771	272.147	396.919
12.Plus: Property Rate Component			53.013			53.013
13.Plus: ROE/Use Rate			1.137			1.137
14.Total Current Period Base			364.987			451.068
15.Prospective Rate: Line 11 x Inflation 1.09756323	136.944	204.219	341.164	136.944	298.699	435.643
16.Interim Rate Component: *	0.000	30.420	30.420	0.000	41.660	41.660
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	136.944	234.639	371.584	136.944	340.359	477.303
19.Property Rate Component			53.013			53.013
20.ROE Component + ROE Interim Component *			1.137			1.137
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			425.73			531.45
23.Medicaid Days		2,190			6,304	
24.Resident Days		2,190			6,304	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.14			47.04
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.35			52.23
29.Plus: \$15 Wage Increase (.10389792333)			55.44			68.38
30.Final Per Diem After Adjustments			589.06			726.49

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0101963600 - 2022/07

RI: 606.78

NM: 829.15

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	2/1/2020	1/31/2021	Unaudited Costs	202107
Prior Cost Report	2/1/2019	1/31/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	144.820	251.655	396.475	144.820	416.013	560.833
2.Inflate Line 1 by Inflation Factor 1.02642077	148.646	258.304	406.950	148.646	427.004	575.650
3.Line 1 X 1.4000 X Inflation Factor 1.03698908	150.176	260.963	411.140	150.176	431.401	581.577
4.Current Period Cost	109.088	243.356	352.444	109.088	392.792	501.880
5.Incentive Basis (line 3 - line 4)	41.089	17.607		41.089	38.609	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.088	243.356	352.444	109.088	392.792	501.880
7.Incentive Line 5 x Oper 50% Res 50%	20.544	8.803	29.348	20.544	19.305	39.849
8.Incentive - Line 4 x Oper 10% Res 3%	10.909	7.301	18.209	10.909	11.784	22.693
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.909	7.301	18.209	10.909	11.784	22.693
10.Final Incentive	10.909	7.301	18.209	10.909	11.784	22.693
11.Current Period Base: (line 6 + line 10)	119.997	250.657	370.654	119.997	404.576	524.572
12.Plus: Property Rate Component			27.120			27.120
13.Plus: ROE/Use Rate			0.308			0.308
14.Total Current Period Base			398.082			552.001
15.Prospective Rate: Line 11 x Inflation 1.11137498	133.361	278.574	411.935	133.361	449.635	582.997
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	133.361	278.574	411.935	133.361	449.635	582.997
19.Property Rate Component			27.120			27.120
20.ROE Component + ROE Interim Component			0.308			0.308
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			439.36			610.42
23.Medicaid Days		10,347			7,088	
24.Resident Days		10,347			7,088	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.29			53.69
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			43.62			59.61
29.Plus: \$15 Wage Increase (.10389792333)			57.11			78.04
30.Final Per Diem After Adjustments			606.78			829.15



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0107650900 - 2022/07

RI: 596.19

NM: 776.48

Sunrise Community, Inc. - Log Cabin

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	5/31/2020	Termination Cost	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	78.419	243.128	321.548	78.419	350.381	428.800
2.Inflate Line 1 by Inflation Factor 1.03417821 *	88.900	300.818	389.717	88.900	379.196	468.096
3.Line 1 X 1.4000 X Inflation Factor 1.04784949 *	89.972	304.142	394.113	89.972	383.986	473.958
4.Current Period Cost *	98.907	247.988	346.895	98.907	353.845	452.752
5.Incentive Basis (line 3 - line 4)	0.000	56.154		0.000	30.141	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.972	247.988	337.959	89.972	353.845	443.817
7.Incentive Line 5 x Oper 50% Res 50%	0.000	28.077	28.077	0.000	15.071	15.071
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.440	7.440	0.000	10.615	10.615
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.440	7.440	0.000	10.615	10.615
10.Final Incentive	0.000	7.440	7.440	0.000	10.615	10.615
11.Current Period Base: (line 6 + line 10)	89.972	255.427	345.399	89.972	364.460	454.432
12.Plus: Property Rate Component			12.569			12.569
13.Plus: ROE/Use Rate			1.316			1.316
14.Total Current Period Base			359.284			468.317
15.Prospective Rate: Line 11 x Inflation 1.09352305	98.386	279.316	377.702	98.386	398.546	496.932
16.Interim Rate Component: *	9.630	30.000	39.630	9.630	49.460	59.090
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	108.016	309.316	417.332	108.016	448.006	556.022
19.Property Rate Component			12.569			12.569
20.ROE Component + ROE Interim Component *			1.316			1.316
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			431.22			569.91
23.Medicaid Days		24,261			19,488	
24.Resident Days		24,261			19,488	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.60			50.28
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.86			55.82
29.Plus: \$15 Wage Increase (.10389792333)			56.11			73.08
30.Final Per Diem After Adjustments			596.19			776.48

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0108357500 - 2022/07

RI: 580.82

NM: 708.79

Pensacola Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	102.124	297.655	399.779	102.124	396.092	498.216
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	102.124	297.655	399.779	102.124	396.092	498.216
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	102.124	297.655	399.779	102.124	396.092	498.216
12.Plus: Property Rate Component			18.151			18.151
13.Plus: ROE/Use Rate			1.466			1.466
14.Total Current Period Base			419.395			517.833
15.Prospective Rate: Line 11 x Inflation 1.00000000	102.124	297.655	399.779	102.124	396.092	498.216
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	102.124	297.655	399.779	102.124	396.092	498.216
19.Property Rate Component			18.151			18.151
20.ROE Component + ROE Interim Component			1.466			1.466
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			419.40			517.83
23.Medicaid Days			9,940			10,895
24.Resident Days			9,940			10,895
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.61			45.90
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.76			50.96
29.Plus: \$15 Wage Increase (.10389792333)			54.67			66.71
30.Final Per Diem After Adjustments			580.82			708.79



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0108358400 - 2022/07

RI: 579.96

NM: 703.35

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	109.395	289.706	399.101	109.395	384.621	494.016
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.395	289.706	399.101	109.395	384.621	494.016
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	109.395	289.706	399.101	109.395	384.621	494.016
12.Plus: Property Rate Component			18.148			18.148
13.Plus: ROE/Use Rate			1.490			1.490
14.Total Current Period Base			418.738			513.654
15.Prospective Rate: Line 11 x Inflation 1.00000000	109.395	289.706	399.101	109.395	384.621	494.016
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.395	289.706	399.101	109.395	384.621	494.016
19.Property Rate Component			18.148			18.148
20.ROE Component + ROE Interim Component			1.490			1.490
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			418.74			513.65
23.Medicaid Days			5,722			14,143
24.Resident Days			5,722			14,143
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.55			45.54
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.70			50.57
29.Plus: \$15 Wage Increase (.10389792333)			54.59			66.20
30.Final Per Diem After Adjustments			579.96			703.35



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0108358800 - 2022/07

RI: 607.35

NM: 725.45

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	126.279	293.429	419.707	126.279	384.272	510.550
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.279	293.429	419.707	126.279	384.272	510.550
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.279	293.429	419.707	126.279	384.272	510.550
12.Plus: Property Rate Component			18.631			18.631
13.Plus: ROE/Use Rate			1.470			1.470
14.Total Current Period Base			439.808			530.652
15.Prospective Rate: Line 11 x Inflation 1.00000000	126.279	293.429	419.707	126.279	384.272	510.550
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	126.279	293.429	419.707	126.279	384.272	510.550
19.Property Rate Component			18.631			18.631
20.ROE Component + ROE Interim Component			1.470			1.470
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			439.81			530.65
23.Medicaid Days			8,638			12,015
24.Resident Days			8,638			12,015
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.33			46.97
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			43.66			52.16
29.Plus: \$15 Wage Increase (.10389792333)			57.16			68.28
30.Final Per Diem After Adjustments			607.35			725.45



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0108358900 - 2022/07

RI: 576.03

NM: 681.59

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	110.745	284.274	395.018	110.745	365.476	476.220
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.745	284.274	395.018	110.745	365.476	476.220
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	110.745	284.274	395.018	110.745	365.476	476.220
12.Plus: Property Rate Component			19.211			19.211
13.Plus: ROE/Use Rate			1.483			1.483
14.Total Current Period Base			415.713			496.915
15.Prospective Rate: Line 11 x Inflation 1.00000000	110.745	284.274	395.018	110.745	365.476	476.220
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.745	284.274	395.018	110.745	365.476	476.220
19.Property Rate Component			19.211			19.211
20.ROE Component + ROE Interim Component			1.483			1.483
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			415.71			496.91
23.Medicaid Days			4,621			15,849
24.Resident Days			4,621			15,849
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.30			44.13
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.41			49.00
29.Plus: \$15 Wage Increase (.10389792333)			54.22			64.15
30.Final Per Diem After Adjustments			576.03			681.59



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0108366100 - 2022/07

RI: 565.26

NM: 667.77

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Budget	201907
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.280	274.865	388.144	113.280	353.717	466.996
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.280	274.865	388.144	113.280	353.717	466.996
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	113.280	274.865	388.144	113.280	353.717	466.996
12.Plus: Property Rate Component			17.846			17.846
13.Plus: ROE/Use Rate			1.441			1.441
14.Total Current Period Base			407.431			486.283
15.Prospective Rate: Line 11 x Inflation 1.00000000	113.280	274.865	388.144	113.280	353.717	466.996
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.280	274.865	388.144	113.280	353.717	466.996
19.Property Rate Component			17.846			17.846
20.ROE Component + ROE Interim Component			1.441			1.441
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			407.43			486.28
23.Medicaid Days			5,604			15,050
24.Resident Days			5,604			15,050
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.60			43.24
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.64			48.01
29.Plus: \$15 Wage Increase (.10389792333)			53.20			62.85
30.Final Per Diem After Adjustments			565.26			667.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0110232000 - 2022/07

RI: 605.63

NM: 687.37

Sunrise Nettles Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	107.354	313.819	421.174	107.354	376.701	484.055
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	107.354	313.819	421.174	107.354	376.701	484.055
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	107.354	313.819	421.174	107.354	376.701	484.055
12.Plus: Property Rate Component			15.392			15.392
13.Plus: ROE/Use Rate			1.914			1.914
14.Total Current Period Base			438.480			501.361
15.Prospective Rate: Line 11 x Inflation 1.00000000	107.354	313.819	421.174	107.354	376.701	484.055
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.354	313.819	421.174	107.354	376.701	484.055
19.Property Rate Component			15.392			15.392
20.ROE Component + ROE Interim Component			1.914			1.914
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			438.48			501.36
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.22			44.51
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			43.54			49.42
29.Plus: \$15 Wage Increase (.10389792333)			57.00			64.69
30.Final Per Diem After Adjustments			605.63			687.37



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0111453600 - 2022/07

RI: 568.34

NM: 656.83

Sunrise Observation Circle

Ownership:State Cluster

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/30/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	306.069	382.656	76.587	374.138	450.725
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	306.069	382.656	76.587	374.138	450.725
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	306.069	382.656	76.587	374.138	450.725
12.Plus: Property Rate Component			24.969			24.969
13.Plus: ROE/Use Rate			2.175			2.175
14.Total Current Period Base			409.800			477.869
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	306.069	382.656	76.587	374.138	450.725
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	306.069	382.656	76.587	374.138	450.725
19.Property Rate Component			24.969			24.969
20.ROE Component + ROE Interim Component			2.175			2.175
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			409.80			477.87
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.80			42.53
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.86			47.22
29.Plus: \$15 Wage Increase (.10389792333)			53.49			61.82
30.Final Per Diem After Adjustments			568.34			656.83



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0111470500 - 2022/07

RI: 573.85

NM: 662.77

Sunrise Southshore Circle

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/1/2020	7/31/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	307.050	383.636	76.587	375.445	452.032
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	307.050	383.636	76.587	375.445	452.032
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	307.050	383.636	76.587	375.445	452.032
12.Plus: Property Rate Component			27.717			27.717
13.Plus: ROE/Use Rate			2.685			2.685
14.Total Current Period Base			414.039			482.434
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	307.050	383.636	76.587	375.445	452.032
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	307.050	383.636	76.587	375.445	452.032
19.Property Rate Component			27.717			27.717
20.ROE Component + ROE Interim Component			2.685			2.685
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			414.04			482.43
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.16			42.92
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.26			47.65
29.Plus: \$15 Wage Increase (.10389792333)			54.01			62.38
30.Final Per Diem After Adjustments			573.85			662.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0111473100 - 2022/07

RI: 571.37

NM: 659.86

Sunrise Lakeshore Drive

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	76.587	306.069	382.656	76.587	374.138	450.725
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.587	306.069	382.656	76.587	374.138	450.725
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.587	306.069	382.656	76.587	374.138	450.725
12.Plus: Property Rate Component			26.886			26.886
13.Plus: ROE/Use Rate			2.583			2.583
14.Total Current Period Base			412.126			480.194
15.Prospective Rate: Line 11 x Inflation 1.00000000	76.587	306.069	382.656	76.587	374.138	450.725
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.587	306.069	382.656	76.587	374.138	450.725
19.Property Rate Component			26.886			26.886
20.ROE Component + ROE Interim Component			2.583			2.583
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			412.13			480.19
23.Medicaid Days			1,387			694
24.Resident Days			1,387			694
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.00			42.73
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.08			47.44
29.Plus: \$15 Wage Increase (.10389792333)			53.78			62.11
30.Final Per Diem After Adjustments			571.37			659.86



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0111976800 - 2022/07

RI: 614.95

NM: 714.55

Sunrise Eleazer Place

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.187	338.738	412.924	74.187	415.354	489.541
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.187	338.738	412.924	74.187	415.354	489.541
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.187	338.738	412.924	74.187	415.354	489.541
12.Plus: Property Rate Component			29.703			29.703
13.Plus: ROE/Use Rate			3.023			3.023
14.Total Current Period Base			445.650			522.266
15.Prospective Rate: Line 11 x Inflation 1.00000000	74.187	338.738	412.924	74.187	415.354	489.541
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.187	338.738	412.924	74.187	415.354	489.541
19.Property Rate Component			29.703			29.703
20.ROE Component + ROE Interim Component			3.023			3.023
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			445.65			522.27
23.Medicaid Days			1,281			632
24.Resident Days			1,284			632
25.Medicaid Utilization			99.77%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.82			46.27
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.21			51.37
29.Plus: \$15 Wage Increase (.10389792333)			57.88			67.25
30.Final Per Diem After Adjustments			614.95			714.55



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

0113827900 - 2022/07

RI: 739.68

NM: 851.68

Sunrise - Kaul

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Budget	202007
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	118.333	411.182	529.515	118.333	497.342	615.675
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	118.333	411.182	529.515	118.333	497.342	615.675
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	118.333	411.182	529.515	118.333	497.342	615.675
12.Plus: Property Rate Component			11.583			11.583
13.Plus: ROE/Use Rate			0.498			0.498
14.Total Current Period Base			541.596			627.756
15.Prospective Rate: Line 11 x Inflation 1.00000000	118.333	411.182	529.515	118.333	497.342	615.675
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.333	411.182	529.515	118.333	497.342	615.675
19.Property Rate Component			11.583			11.583
20.ROE Component + ROE Interim Component			0.498			0.498
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			541.60			627.76
23.Medicaid Days			1,132			730
24.Resident Days			1,132			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			47.90			55.15
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			53.18			61.23
29.Plus: \$15 Wage Increase (.10389792333)			69.62			80.16
30.Final Per Diem After Adjustments			739.68			851.68



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012037000 - 2022/07

RI: 528.07

NM: 615.15

Bayview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.708	213.011	317.720	104.708	267.309	372.018
2.Inflate Line 1 by Inflation Factor 1.02368791	107.189	218.057	325.246	107.189	273.641	380.830
3.Line 1 X 1.4000 X Inflation Factor 1.03316307	108.181	220.075	328.256	108.181	276.174	384.355
4.Current Period Cost	154.285	196.666	350.951	154.285	248.001	402.286
5.Incentive Basis (line 3 - line 4)	0.000	23.409		0.000	28.173	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.181	196.666	304.847	108.181	248.001	356.182
7.Incentive Line 5 x Oper 50% Res 50%	0.000	11.705	11.705	0.000	14.087	14.087
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.900	5.900	0.000	7.440	7.440
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.900	5.900	0.000	7.440	7.440
10.Final Incentive	0.000	5.900	5.900	0.000	7.440	7.440
11.Current Period Base: (line 6 + line 10)	108.181	202.566	310.747	108.181	255.441	363.622
12.Plus: Property Rate Component			19.301			19.301
13.Plus: ROE/Use Rate			3.061			3.061
14.Total Current Period Base			333.108			385.983
15.Prospective Rate: Line 11 x Inflation 1.12251628	121.435	227.384	348.818	121.435	286.737	408.171
16.Interim Rate Component: *	0.000	7.640	7.640	0.000	15.270	15.270
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.435	235.024	356.458	121.435	302.007	423.441
19.Property Rate Component			19.301			19.301
20.ROE Component + ROE Interim Component *			3.061			3.061
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			378.82			445.80
23.Medicaid Days		1,464			729	
24.Resident Days		1,464			729	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.19			39.83
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			37.96			44.23
29.Plus: \$15 Wage Increase (.10389792333)			49.70			57.90
30.Final Per Diem After Adjustments			528.07			615.15

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012038000 - 2022/07

RI: 490.67

NM: 571.87

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	72.603	207.842	280.445	72.603	260.836	333.439
2.Inflate Line 1 by Inflation Factor 1.06403426 *	77.252	222.931	300.183	77.252	279.478	356.730
3.Line 1 X 1.4000 X Inflation Factor 1.08964796 *	79.112	228.255	307.367	79.112	286.159	365.271
4.Current Period Cost *	111.583	222.677	334.260	111.583	280.447	392.030
5.Incentive Basis (line 3 - line 4)	0.000	5.578		0.000	5.712	
6.Allowed Current Period Costs (Min of line 3 or 4)	79.112	222.677	301.789	79.112	280.447	359.559
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.789	2.789	0.000	2.856	2.856
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.680	6.680	0.000	8.413	8.413
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.789	2.789	0.000	2.856	2.856
10.Final Incentive	0.000	2.789	2.789	0.000	2.856	2.856
11.Current Period Base: (line 6 + line 10)	79.112	225.466	304.578	79.112	283.303	362.415
12.Plus: Property Rate Component			19.596			19.596
13.Plus: ROE/Use Rate			1.523			1.523
14.Total Current Period Base			325.696			383.533
15.Prospective Rate: Line 11 x Inflation 1.07995239	85.437	243.492	328.929	85.437	305.954	391.391
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.437	243.492	328.929	85.437	305.954	391.391
19.Property Rate Component			19.596			19.596
20.ROE Component + ROE Interim Component *			1.523			1.523
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			350.05			412.51
23.Medicaid Days		1,461			705	
24.Resident Days		1,461			705	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			31.77			37.03
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			35.28			41.11
29.Plus: \$15 Wage Increase (.10389792333)			46.18			53.82
30.Final Per Diem After Adjustments			490.67			571.87

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012040300 - 2022/07

RI: 547.13

NM: 636.35

Gulfview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	10/7/2020	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	98.742	219.111	317.853	98.742	275.291	374.033
2.Inflate Line 1 by Inflation Factor 1.02368791	101.081	224.301	325.382	101.081	281.812	382.893
3.Line 1 X 1.4000 X Inflation Factor 1.03316307	102.016	226.377	328.393	102.016	284.420	386.437
4.Current Period Cost	92.709	211.926	304.635	92.709	260.471	353.180
5.Incentive Basis (line 3 - line 4)	9.308	14.451		9.308	23.949	
6.Allowed Current Period Costs (Min of line 3 or 4)	92.709	211.926	304.635	92.709	260.471	353.180
7.Incentive Line 5 x Oper 50% Res 50%	4.654	7.226	11.879	4.654	11.974	16.628
8.Incentive - Line 4 x Oper 10% Res 3%	9.271	6.358	15.629	9.271	7.814	17.085
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.654	6.358	11.012	4.654	7.814	12.468
10.Final Incentive	4.654	6.358	11.012	4.654	7.814	12.468
11.Current Period Base: (line 6 + line 10)	97.362	218.284	315.646	97.362	268.286	365.648
12.Plus: Property Rate Component			25.419			25.419
13.Plus: ROE/Use Rate			1.590			1.590
14.Total Current Period Base			342.654			392.656
15.Prospective Rate: Line 11 x Inflation 1.12116727	109.160	244.733	353.892	109.160	300.793	409.952
16.Interim Rate Component: *	0.000	12.580	12.580	0.000	25.150	25.150
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.160	257.313	366.472	109.160	325.943	435.102
19.Property Rate Component			25.419			25.419
20.ROE Component + ROE Interim Component *			1.590			1.590
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			393.48			462.11
23.Medicaid Days		1,204			779	
24.Resident Days		1,204			779	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			35.43			41.20
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.33			45.75
29.Plus: \$15 Wage Increase (.10389792333)			51.50			59.89
30.Final Per Diem After Adjustments			547.13			636.35

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012073200 - 2022/07

RI: 542.50

NM: 611.60

Suncoast - Suffridge Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	94.476	268.295	362.771	94.476	321.449	415.925
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.476	268.295	362.771	94.476	321.449	415.925
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	94.476	268.295	362.771	94.476	321.449	415.925
12.Plus: Property Rate Component			27.140			27.140
13.Plus: ROE/Use Rate			0.009			0.009
14.Total Current Period Base			389.920			443.074
15.Prospective Rate: Line 11 x Inflation 1.00000000	94.476	268.295	362.771	94.476	321.449	415.925
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.476	268.295	362.771	94.476	321.449	415.925
19.Property Rate Component			27.140			27.140
20.ROE Component + ROE Interim Component			0.009			0.009
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			389.92			443.07
23.Medicaid Days			2,014			182
24.Resident Days			2,014			182
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			35.13			39.60
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.00			43.97
29.Plus: \$15 Wage Increase (.10389792333)			51.06			57.56
30.Final Per Diem After Adjustments			542.50			611.60



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012074200 - 2022/07

RI: 539.16

NM: 615.61

Suncoast - Coletta Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.950	232.132	361.082	128.950	290.942	419.891
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.950	232.132	361.082	128.950	290.942	419.891
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.950	232.132	361.082	128.950	290.942	419.891
12.Plus: Property Rate Component			26.256			26.256
13.Plus: ROE/Use Rate			0.010			0.010
14.Total Current Period Base			387.347			446.157
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.950	232.132	361.082	128.950	290.942	419.891
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.950	232.132	361.082	128.950	290.942	419.891
19.Property Rate Component			26.256			26.256
20.ROE Component + ROE Interim Component			0.010			0.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.35			446.16
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.91			39.86
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			38.76			44.26
29.Plus: \$15 Wage Increase (.10389792333)			50.74			57.94
30.Final Per Diem After Adjustments			539.16			615.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012074800 - 2022/07

RI: 589.44

NM: 659.32

Suncoast - Spring Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.892	262.823	391.715	128.892	316.574	445.465
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.892	262.823	391.715	128.892	316.574	445.465
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.892	262.823	391.715	128.892	316.574	445.465
12.Plus: Property Rate Component			34.282			34.282
13.Plus: ROE/Use Rate			0.032			0.032
14.Total Current Period Base			426.029			479.780
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.892	262.823	391.715	128.892	316.574	445.465
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.892	262.823	391.715	128.892	316.574	445.465
19.Property Rate Component			34.282			34.282
20.ROE Component + ROE Interim Component			0.032			0.032
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			426.03			479.78
23.Medicaid Days			790			861
24.Resident Days			790			861
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.17			42.69
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.38			47.40
29.Plus: \$15 Wage Increase (.10389792333)			55.48			62.05
30.Final Per Diem After Adjustments			589.44			659.32



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012075300 - 2022/07

RI: 568.20

NM: 622.37

Suncoast - Walnut Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	129.726	253.191	382.917	129.726	294.865	424.591
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.726	253.191	382.917	129.726	294.865	424.591
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.726	253.191	382.917	129.726	294.865	424.591
12.Plus: Property Rate Component			26.758			26.758
13.Plus: ROE/Use Rate			0.013			0.013
14.Total Current Period Base			409.688			451.362
15.Prospective Rate: Line 11 x Inflation 1.00000000	129.726	253.191	382.917	129.726	294.865	424.591
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.726	253.191	382.917	129.726	294.865	424.591
19.Property Rate Component			26.758			26.758
20.ROE Component + ROE Interim Component			0.013			0.013
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			409.69			451.36
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.79			40.30
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.85			44.74
29.Plus: \$15 Wage Increase (.10389792333)			53.48			58.58
30.Final Per Diem After Adjustments			568.20			622.37



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012075700 - 2022/07

RI: 543.44

NM: 610.96

Suncoast - Bessent Road Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.688	231.571	360.259	128.688	283.505	412.193
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.688	231.571	360.259	128.688	283.505	412.193
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.688	231.571	360.259	128.688	283.505	412.193
12.Plus: Property Rate Component			30.376			30.376
13.Plus: ROE/Use Rate			0.010			0.010
14.Total Current Period Base			390.645			442.578
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.688	231.571	360.259	128.688	283.505	412.193
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.688	231.571	360.259	128.688	283.505	412.193
19.Property Rate Component			30.376			30.376
20.ROE Component + ROE Interim Component			0.010			0.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			390.64			442.58
23.Medicaid Days			1,473			364
24.Resident Days			1,473			364
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			35.19			39.56
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.07			43.92
29.Plus: \$15 Wage Increase (.10389792333)			51.15			57.50
30.Final Per Diem After Adjustments			543.44			610.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012075900 - 2022/07

RI: 543.47

NM: 605.68

Suncoast - Frederick Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	130.137	234.672	364.809	130.137	282.530	412.667
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.137	234.672	364.809	130.137	282.530	412.667
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	130.137	234.672	364.809	130.137	282.530	412.667
12.Plus: Property Rate Component			25.845			25.845
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			390.664			438.522
15.Prospective Rate: Line 11 x Inflation 1.00000000	130.137	234.672	364.809	130.137	282.530	412.667
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.137	234.672	364.809	130.137	282.530	412.667
19.Property Rate Component			25.845			25.845
20.ROE Component + ROE Interim Component			0.011			0.011
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			390.66			438.52
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			35.19			39.22
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.07			43.54
29.Plus: \$15 Wage Increase (.10389792333)			51.15			57.01
30.Final Per Diem After Adjustments			543.47			605.68



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012373500 - 2022/07

RI: 539.26

NM: 601.20

Suncoast - 107th Place Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	106.266	244.117	350.383	106.266	291.760	398.025
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.266	244.117	350.383	106.266	291.760	398.025
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	106.266	244.117	350.383	106.266	291.760	398.025
12.Plus: Property Rate Component			37.030			37.030
13.Plus: ROE/Use Rate			0.016			0.016
14.Total Current Period Base			387.429			435.072
15.Prospective Rate: Line 11 x Inflation 1.00000000	106.266	244.117	350.383	106.266	291.760	398.025
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	106.266	244.117	350.383	106.266	291.760	398.025
19.Property Rate Component			37.030			37.030
20.ROE Component + ROE Interim Component			0.016			0.016
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.43			435.07
23.Medicaid Days			1,443			153
24.Resident Days			1,443			153
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.92			38.93
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			38.77			43.22
29.Plus: \$15 Wage Increase (.10389792333)			50.75			56.58
30.Final Per Diem After Adjustments			539.26			601.20



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012374200 - 2022/07

RI: 581.84

NM: 661.36

Suncoast - Second Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.666	279.595	393.261	113.666	340.762	454.428
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.666	279.595	393.261	113.666	340.762	454.428
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	113.666	279.595	393.261	113.666	340.762	454.428
12.Plus: Property Rate Component			26.916			26.916
13.Plus: ROE/Use Rate			0.007			0.007
14.Total Current Period Base			420.184			481.351
15.Prospective Rate: Line 11 x Inflation 1.00000000	113.666	279.595	393.261	113.666	340.762	454.428
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.666	279.595	393.261	113.666	340.762	454.428
19.Property Rate Component			26.916			26.916
20.ROE Component + ROE Interim Component			0.007			0.007
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			420.18			481.35
23.Medicaid Days			2,148			42
24.Resident Days			2,148			42
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.68			42.82
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.83			47.55
29.Plus: \$15 Wage Increase (.10389792333)			54.76			62.25
30.Final Per Diem After Adjustments			581.84			661.36



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012374400 - 2022/07

RI: 592.49

NM: 0.00

Suncoast - Rosewood Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	105.716	290.474	396.189	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.716	290.474	396.189	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	105.716	290.474	396.189	0.000	0.000	0.000
12.Plus: Property Rate Component			32.172			0.000
13.Plus: ROE/Use Rate			0.013			0.000
14.Total Current Period Base			428.374			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	105.716	290.474	396.189	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	105.716	290.474	396.189	0.000	0.000	0.000
19.Property Rate Component			32.172			0.000
20.ROE Component + ROE Interim Component			0.013			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			428.37			0.00
23.Medicaid Days			1,837			0
24.Resident Days			1,837			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			38.37			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.60			0.00
29.Plus: \$15 Wage Increase (.10389792333)			55.76			0.00
30.Final Per Diem After Adjustments			592.49			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012375400 - 2022/07

RI: 556.17

NM: 629.65

Suncoast - 19th Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	128.311	243.854	372.164	128.311	300.375	428.685
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	128.311	243.854	372.164	128.311	300.375	428.685
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	128.311	243.854	372.164	128.311	300.375	428.685
12.Plus: Property Rate Component			28.265			28.265
13.Plus: ROE/Use Rate			0.006			0.006
14.Total Current Period Base			400.435			456.957
15.Prospective Rate: Line 11 x Inflation 1.00000000	128.311	243.854	372.164	128.311	300.375	428.685
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	128.311	243.854	372.164	128.311	300.375	428.685
19.Property Rate Component			28.265			28.265
20.ROE Component + ROE Interim Component			0.006			0.006
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			400.44			456.96
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.01			40.77
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.98			45.27
29.Plus: \$15 Wage Increase (.10389792333)			52.35			59.26
30.Final Per Diem After Adjustments			556.17			629.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012386400 - 2022/07

RI: 596.26

NM: 673.33

Suncoast - Tunis Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2017	10/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.146	272.542	404.688	132.146	331.824	463.970
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.146	272.542	404.688	132.146	331.824	463.970
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.146	272.542	404.688	132.146	331.824	463.970
12.Plus: Property Rate Component			26.575			26.575
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			431.274			490.556
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.146	272.542	404.688	132.146	331.824	463.970
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.146	272.542	404.688	132.146	331.824	463.970
19.Property Rate Component			26.575			26.575
20.ROE Component + ROE Interim Component			0.011			0.011
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			431.27			490.56
23.Medicaid Days			2,074			122
24.Resident Days			2,074			122
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.61			43.60
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.87			48.41
29.Plus: \$15 Wage Increase (.10389792333)			56.12			63.37
30.Final Per Diem After Adjustments			596.26			673.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012390800 - 2022/07

RI: 612.15

NM: 695.27

Suncoast - Plaza Oval Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	74.609	333.437	408.046	74.609	397.379	471.988
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	74.609	333.437	408.046	74.609	397.379	471.988
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	74.609	333.437	408.046	74.609	397.379	471.988
12.Plus: Property Rate Component			35.439			35.439
13.Plus: ROE/Use Rate			0.009			0.009
14.Total Current Period Base			443.494			507.437
15.Prospective Rate: Line 11 x Inflation 1.00000000	74.609	333.437	408.046	74.609	397.379	471.988
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	74.609	333.437	408.046	74.609	397.379	471.988
19.Property Rate Component			35.439			35.439
20.ROE Component + ROE Interim Component			0.009			0.009
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			443.49			507.44
23.Medicaid Days			1,662			310
24.Resident Days			1,662			310
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.64			45.02
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.01			49.99
29.Plus: \$15 Wage Increase (.10389792333)			57.61			65.44
30.Final Per Diem After Adjustments			612.15			695.27



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012392700 - 2022/07

RI: 555.24

NM: 623.17

Suncoast - Claudia Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	130.539	237.441	367.980	130.539	289.697	420.236
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.539	237.441	367.980	130.539	289.697	420.236
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	130.539	237.441	367.980	130.539	289.697	420.236
12.Plus: Property Rate Component			31.737			31.737
13.Plus: ROE/Use Rate			0.004			0.004
14.Total Current Period Base			399.721			451.977
15.Prospective Rate: Line 11 x Inflation 1.00000000	130.539	237.441	367.980	130.539	289.697	420.236
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	130.539	237.441	367.980	130.539	289.697	420.236
19.Property Rate Component			31.737			31.737
20.ROE Component + ROE Interim Component			0.004			0.004
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			399.72			451.98
23.Medicaid Days			1,318			519
24.Resident Days			1,318			519
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			35.95			40.35
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			39.92			44.80
29.Plus: \$15 Wage Increase (.10389792333)			52.26			58.65
30.Final Per Diem After Adjustments			555.24			623.17



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

012410100 - 2022/07

RI: 590.34

NM: 0.00

Suncoast - High Desert Court Group Home

Ownership:Private

Incentive Rating: Ineligible from 09/29/2021 - 01/29/2022 Days Eligible: 242 of 365

Eligibility Factor : 66.30%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Budget	202007
Prior Cost Report	11/1/2018	10/31/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	129.361	271.187	400.548	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	129.361	271.187	400.548	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 66.30%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	129.361	271.187	400.548	0.000	0.000	0.000
12.Plus: Property Rate Component			26.164			0.000
13.Plus: ROE/Use Rate			0.011			0.000
14.Total Current Period Base			426.724			0.000
15.Prospective Rate: Line 11 x Inflation 1.00000000	129.361	271.187	400.548	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.361	271.187	400.548	0.000	0.000	0.000
19.Property Rate Component			26.164			0.000
20.ROE Component + ROE Interim Component			0.011			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			426.72			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			38.23			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.44			0.00
29.Plus: \$15 Wage Increase (.10389792333)			55.56			0.00
30.Final Per Diem After Adjustments			590.34			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028000300 - 2022/07

RI: 615.31

NM: 698.30

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	5/1/2022	4/30/2023	Budget	202007
Prior Cost Report	1/1/2018	12/31/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.968	284.377	417.344	132.968	348.219	481.186
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.968	284.377	417.344	132.968	348.219	481.186
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.968	284.377	417.344	132.968	348.219	481.186
12.Plus: Property Rate Component			27.369			27.369
13.Plus: ROE/Use Rate			1.214			1.214
14.Total Current Period Base			445.927			509.769
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.968	284.377	417.344	132.968	348.219	481.186
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.968	284.377	417.344	132.968	348.219	481.186
19.Property Rate Component			27.369			27.369
20.ROE Component + ROE Interim Component			1.214			1.214
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			445.93			509.77
23.Medicaid Days			16,708			5,708
24.Resident Days			16,708			5,708
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.84			45.22
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.24			50.20
29.Plus: \$15 Wage Increase (.10389792333)			57.91			65.72
30.Final Per Diem After Adjustments			615.31			698.30



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028019401 - 2022/07

RI: 665.87

NM: 887.25

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	136.783	303.930	440.713	136.783	408.595	545.378
2.Inflate Line 1 by Inflation Factor 1.06403426	145.542	323.392	468.933	145.542	434.759	580.301
3.Line 1 X 1.4000 X Inflation Factor 1.08964796	149.045	331.177	480.222	149.045	445.225	594.270
4.Current Period Cost	126.282	336.107	462.389	126.282	433.940	560.221
5.Incentive Basis (line 3 - line 4)	22.763	0.000		22.763	11.285	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.282	331.177	457.458	126.282	433.940	560.221
7.Incentive Line 5 x Oper 50% Res 50%	11.382	0.000	11.382	11.382	5.643	17.024
8.Incentive - Line 4 x Oper 10% Res 3%	12.628	0.000	12.628	12.628	13.018	25.646
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	11.382	0.000	11.382	11.382	5.643	17.024
10.Final Incentive	11.382	0.000	11.382	11.382	5.643	17.024
11.Current Period Base: (line 6 + line 10)	137.663	331.177	468.840	137.663	439.582	577.246
12.Plus: Property Rate Component			30.585			30.585
13.Plus: ROE/Use Rate			1.129			1.129
14.Total Current Period Base			500.554			608.959
15.Prospective Rate: Line 11 x Inflation 1.07995239	148.670	357.655	506.325	148.670	474.728	623.398
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	148.670	357.655	506.325	148.670	474.728	623.398
19.Property Rate Component			30.585			30.585
20.ROE Component + ROE Interim Component			1.129			1.129
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			538.04			655.11
23.Medicaid Days			0			8,608
24.Resident Days			0			8,608
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			47.60			57.45
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			52.85			63.79
29.Plus: \$15 Wage Increase (.10389792333)			0.00			83.51
30.Final Per Diem After Adjustments			665.87			887.25



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028020801 - 2022/07

RI: 699.99

NM: 945.38

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	76.611	249.789	326.400	76.611	379.697	456.308
2.Inflate Line 1 by Inflation Factor 1.03304576 *	81.602	312.384	393.986	81.602	470.375	551.977
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	82.615	315.686	398.301	82.615	475.394	558.009
4.Current Period Cost *	108.101	312.598	420.699	108.101	472.360	580.460
5.Incentive Basis (line 3 - line 4)	0.000	3.088		0.000	3.034	
6.Allowed Current Period Costs (Min of line 3 or 4)	82.615	312.598	395.213	82.615	472.360	554.975
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.544	1.544	0.000	1.517	1.517
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	9.378	9.378	0.000	14.171	14.171
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.544	1.544	0.000	1.517	1.517
10.Final Incentive	0.000	1.544	1.544	0.000	1.517	1.517
11.Current Period Base: (line 6 + line 10)	82.615	314.142	396.757	82.615	473.877	556.492
12.Plus: Property Rate Component			17.832			17.832
13.Plus: ROE/Use Rate			2.120			2.120
14.Total Current Period Base			416.709			576.444
15.Prospective Rate: Line 11 x Inflation 1.09352305	90.341	343.521	433.863	90.341	518.195	608.536
16.Interim Rate Component: *	10.640	46.610	57.250	10.640	60.700	71.340
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	100.981	390.131	491.113	100.981	578.895	679.876
19.Property Rate Component			17.832			17.832
20.ROE Component + ROE Interim Component *			2.120			2.120
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			511.07			699.83
23.Medicaid Days		1,964			6,684	
24.Resident Days		1,964			6,684	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			45.33			61.22
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			50.32			67.97
29.Plus: \$15 Wage Increase (.10389792333)			65.88			88.98
30.Final Per Diem After Adjustments			699.99			945.38

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2022/07

RI: 612.61

NM: 802.27

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	84.169	240.564	324.732	84.169	353.709	437.878
2.Inflate Line 1 by Inflation Factor 1.03304576 *	100.140	280.303	380.443	100.140	430.358	530.498
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	101.253	283.483	384.736	101.253	435.033	536.286
4.Current Period Cost *	118.755	249.541	368.295	118.755	357.949	476.704
5.Incentive Basis (line 3 - line 4)	0.000	33.942		0.000	77.084	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.253	249.541	350.793	101.253	357.949	459.202
7.Incentive Line 5 x Oper 50% Res 50%	0.000	16.971	16.971	0.000	38.542	38.542
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	7.486	7.486	0.000	10.738	10.738
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	7.486	7.486	0.000	10.738	10.738
10.Final Incentive	0.000	7.486	7.486	0.000	10.738	10.738
11.Current Period Base: (line 6 + line 10)	101.253	257.027	358.280	101.253	368.687	469.940
12.Plus: Property Rate Component			12.608			12.608
13.Plus: ROE/Use Rate			1.563			1.563
14.Total Current Period Base			372.450			484.111
15.Prospective Rate: Line 11 x Inflation 1.09352305	110.722	281.065	391.787	110.722	403.168	513.890
16.Interim Rate Component: *	2.700	35.190	37.890	2.700	58.980	61.680
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.422	316.255	429.677	113.422	462.148	575.570
19.Property Rate Component			12.608			12.608
20.ROE Component + ROE Interim Component *			1.563			1.563
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			443.85			589.74
23.Medicaid Days			1,095			7,303
24.Resident Days			1,095			7,303
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.67			51.95
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.04			57.68
29.Plus: \$15 Wage Increase (.10389792333)			57.66			75.51
30.Final Per Diem After Adjustments			612.61			802.27

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028029101 - 2022/07

RI: 607.40

NM: 832.26

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	67.437	255.091	322.527	67.437	393.798	461.235
2.Inflate Line 1 by Inflation Factor 1.03304576 *	70.245	307.730	377.976	70.245	473.042	543.287
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	71.137	311.102	382.239	71.137	478.247	549.384
4.Current Period Cost *	86.575	274.153	360.728	86.575	412.054	498.629
5.Incentive Basis (line 3 - line 4)	0.000	36.949		0.000	66.193	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.137	274.153	345.289	71.137	412.054	483.190
7.Incentive Line 5 x Oper 50% Res 50%	0.000	18.475	18.475	0.000	33.097	33.097
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.225	8.225	0.000	12.362	12.362
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	8.225	8.225	0.000	12.362	12.362
10.Final Incentive	0.000	8.225	8.225	0.000	12.362	12.362
11.Current Period Base: (line 6 + line 10)	71.137	282.377	353.514	71.137	424.415	495.552
12.Plus: Property Rate Component			11.550			11.550
13.Plus: ROE/Use Rate			1.608			1.608
14.Total Current Period Base			366.672			508.710
15.Prospective Rate: Line 11 x Inflation 1.09352305	77.790	308.786	386.576	77.790	464.108	541.897
16.Interim Rate Component: *	1.400	38.710	40.110	1.400	56.360	57.760
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.190	347.496	426.686	79.190	520.468	599.657
19.Property Rate Component			11.550			11.550
20.ROE Component + ROE Interim Component *			1.608			1.608
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			439.84			612.82
23.Medicaid Days			3,650			6,049
24.Resident Days			3,650			6,049
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.33			53.89
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			43.67			59.83
29.Plus: \$15 Wage Increase (.10389792333)			57.17			78.33
30.Final Per Diem After Adjustments			607.40			832.26

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028030501 - 2022/07

RI: 393.12

NM: 486.83

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	72.692	141.265	213.957	72.692	190.172	262.864
2.Inflate Line 1 by Inflation Factor 1.02551845	74.547	144.870	219.417	74.547	195.025	269.572
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	75.289	146.312	221.600	75.289	196.966	272.255
4.Current Period Cost	71.073	144.186	215.259	71.073	207.356	278.429
5.Incentive Basis (line 3 - line 4)	4.216	2.125		4.216	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.073	144.186	215.259	71.073	196.966	268.039
7.Incentive Line 5 x Oper 50% Res 50%	2.108	1.063	3.171	2.108	0.000	2.108
8.Incentive - Line 4 x Oper 10% Res 3%	7.107	4.326	11.433	7.107	0.000	7.107
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.108	1.063	3.171	2.108	0.000	2.108
10.Final Incentive	2.108	1.063	3.171	2.108	0.000	2.108
11.Current Period Base: (line 6 + line 10)	73.181	145.249	218.430	73.181	196.966	270.147
12.Plus: Property Rate Component			8.931			8.931
13.Plus: ROE/Use Rate			1.286			1.286
14.Total Current Period Base			228.647			280.364
15.Prospective Rate: Line 11 x Inflation 1.15552543	84.562	167.839	252.401	84.562	227.599	312.162
16.Interim Rate Component: *	0.000	12.390	12.390	0.000	24.720	24.720
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	84.562	180.229	264.791	84.562	252.319	336.882
19.Property Rate Component			8.931			8.931
20.ROE Component + ROE Interim Component *			1.286			1.286
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			275.01			347.10
23.Medicaid Days			365			7,780
24.Resident Days			365			7,780
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.46			31.52
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.26			35.00
29.Plus: \$15 Wage Increase (.10389792333)			37.00			45.82
30.Final Per Diem After Adjustments			393.12			486.83

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028032101 - 2022/07

RI: 367.65

NM: 522.05

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.715	158.766	232.481	73.715	213.254	286.969
2.Inflate Line 1 by Inflation Factor 1.02551845	75.596	162.817	238.413	75.596	218.696	294.292
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	76.348	164.438	240.786	76.348	220.873	297.222
4.Current Period Cost	71.543	174.677	246.220	71.543	231.887	303.430
5.Incentive Basis (line 3 - line 4)	4.806	0.000		4.806	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.543	164.438	235.981	71.543	220.873	292.416
7.Incentive Line 5 x Oper 50% Res 50%	2.403	0.000	2.403	2.403	0.000	2.403
8.Incentive - Line 4 x Oper 10% Res 3%	7.154	0.000	7.154	7.154	0.000	7.154
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.403	0.000	2.403	2.403	0.000	2.403
10.Final Incentive	2.403	0.000	2.403	2.403	0.000	2.403
11.Current Period Base: (line 6 + line 10)	73.946	164.438	238.384	73.946	220.873	294.819
12.Plus: Property Rate Component			8.082			8.082
13.Plus: ROE/Use Rate			1.264			1.264
14.Total Current Period Base			247.730			304.165
15.Prospective Rate: Line 11 x Inflation 1.15552543	85.446	190.012	275.458	85.446	255.224	340.671
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	24.170	24.170
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.446	190.012	275.458	85.446	279.394	364.841
19.Property Rate Component			8.082			8.082
20.ROE Component + ROE Interim Component *			1.264			1.264
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			284.80			374.19
23.Medicaid Days		0			7,936	
24.Resident Days		0			7,936	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			26.28			33.80
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			29.18			37.53
29.Plus: \$15 Wage Increase (.10389792333)			0.00			49.13
30.Final Per Diem After Adjustments			367.65			522.05

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028035600 - 2022/07

RI: 539.72

NM: 829.95

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.331	257.947	329.278	71.331	459.713	531.044
2.Inflate Line 1 by Inflation Factor 1.03941274	74.142	268.114	342.256	74.142	477.832	551.974
3.Line 1 X 1.4000 X Inflation Factor 1.05517784	75.267	272.180	347.447	75.267	485.079	560.346
4.Current Period Cost	97.396	280.763	378.159	97.396	472.738	570.135
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	12.341	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.267	272.180	347.447	75.267	472.738	548.005
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	6.170	6.170
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	14.182	14.182
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	6.170	6.170
10.Final Incentive	0.000	0.000	0.000	0.000	6.170	6.170
11.Current Period Base: (line 6 + line 10)	75.267	272.180	347.447	75.267	478.909	554.175
12.Plus: Property Rate Component			12.046			12.046
13.Plus: ROE/Use Rate			0.507			0.507
14.Total Current Period Base			360.000			566.728
15.Prospective Rate: Line 11 x Inflation 1.07995239	81.284	293.942	375.226	81.284	517.198	598.483
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.284	293.942	375.226	81.284	517.198	598.483
19.Property Rate Component			12.046			12.046
20.ROE Component + ROE Interim Component			0.507			0.507
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			387.78			611.04
23.Medicaid Days		10,242			7,191	
24.Resident Days		10,242			7,191	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.95			53.74
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			38.80			59.67
29.Plus: \$15 Wage Increase (.10389792333)			50.80			78.11
30.Final Per Diem After Adjustments			539.72			829.95



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028036401 - 2022/07

RI: 689.71

NM: 915.39

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	139.929	341.061	480.989	139.929	456.088	596.016
2.Inflate Line 1 by Inflation Factor 1.06403426 *	148.889	362.900	511.789	148.889	499.135	648.023
3.Line 1 X 1.4000 X Inflation Factor 1.08964796 *	152.473	371.636	524.109	152.473	510.817	663.290
4.Current Period Cost *	132.594	341.391	473.985	132.594	447.905	580.499
5.Incentive Basis (line 3 - line 4)	19.879	30.245		19.879	62.912	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.594	341.391	473.985	132.594	447.905	580.499
7.Incentive Line 5 x Oper 50% Res 50%	9.939	15.122	25.062	9.939	31.456	41.395
8.Incentive - Line 4 x Oper 10% Res 3%	13.259	10.242	23.501	13.259	13.437	26.697
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.939	10.242	20.181	9.939	13.437	23.377
10.Final Incentive	9.939	10.242	20.181	9.939	13.437	23.377
11.Current Period Base: (line 6 + line 10)	142.534	351.633	494.166	142.534	461.342	603.875
12.Plus: Property Rate Component			23.437			23.437
13.Plus: ROE/Use Rate			1.170			1.170
14.Total Current Period Base			518.773			628.483
15.Prospective Rate: Line 11 x Inflation 1.07995239	153.929	379.746	533.676	153.929	498.227	652.157
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	153.929	379.746	533.676	153.929	498.227	652.157
19.Property Rate Component			23.437			23.437
20.ROE Component + ROE Interim Component *			1.170			1.170
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			558.28			676.76
23.Medicaid Days			0			8,382
24.Resident Days			0			8,382
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			49.30			59.27
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			54.74			65.81
29.Plus: \$15 Wage Increase (.10389792333)			0.00			86.16
30.Final Per Diem After Adjustments			689.71			915.39

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028037201 - 2022/07

RI: 410.29

NM: 568.01

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.546	210.870	292.416	81.546	300.760	382.306
2.Inflate Line 1 by Inflation Factor 1.03304576	84.241	217.838	302.079	84.241	310.699	394.939
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	85.319	220.626	305.944	85.319	314.674	399.993
4.Current Period Cost	114.230	188.601	302.831	114.230	267.200	381.430
5.Incentive Basis (line 3 - line 4)	0.000	32.025		0.000	47.475	
6.Allowed Current Period Costs (Min of line 3 or 4)	85.319	188.601	273.920	85.319	267.200	352.518
7.Incentive Line 5 x Oper 50% Res 50%	0.000	16.012	16.012	0.000	23.737	23.737
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.658	5.658	0.000	8.016	8.016
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.658	5.658	0.000	8.016	8.016
10.Final Incentive	0.000	5.658	5.658	0.000	8.016	8.016
11.Current Period Base: (line 6 + line 10)	85.319	194.259	279.578	85.319	275.216	360.534
12.Plus: Property Rate Component			15.289			15.289
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			294.867			375.823
15.Prospective Rate: Line 11 x Inflation 1.09352305	93.298	212.427	305.725	93.298	300.955	394.252
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.298	212.427	305.725	93.298	300.955	394.252
19.Property Rate Component			15.289			15.289
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.01			409.54
23.Medicaid Days			0			5,857
24.Resident Days			0			5,857
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			29.33			36.78
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			32.56			40.84
29.Plus: \$15 Wage Increase (.10389792333)			0.00			53.46
30.Final Per Diem After Adjustments			410.29			568.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028038101 - 2022/07

RI: 336.41

NM: 488.07

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.971	135.718	213.689	77.971	188.185	266.156
2.Inflate Line 1 by Inflation Factor 1.02551845	79.961	139.182	219.142	79.961	192.987	272.948
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	80.757	140.567	221.324	80.757	194.908	275.664
4.Current Period Cost	77.267	135.702	212.969	77.267	195.759	273.026
5.Incentive Basis (line 3 - line 4)	3.489	4.865		3.489	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.267	135.702	212.969	77.267	194.908	272.175
7.Incentive Line 5 x Oper 50% Res 50%	1.745	2.433	4.177	1.745	0.000	1.745
8.Incentive - Line 4 x Oper 10% Res 3%	7.727	4.071	11.798	7.727	0.000	7.727
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.745	2.433	4.177	1.745	0.000	1.745
10.Final Incentive	1.745	2.433	4.177	1.745	0.000	1.745
11.Current Period Base: (line 6 + line 10)	79.012	138.134	217.146	79.012	194.908	273.920
12.Plus: Property Rate Component			6.328			6.328
13.Plus: ROE/Use Rate			1.032			1.032
14.Total Current Period Base			224.506			281.280
15.Prospective Rate: Line 11 x Inflation 1.15552543	91.300	159.618	250.918	91.300	225.221	316.521
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	24.170	24.170
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	91.300	159.618	250.918	91.300	249.391	340.691
19.Property Rate Component			6.328			6.328
20.ROE Component + ROE Interim Component *			1.032			1.032
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			258.28			348.05
23.Medicaid Days			0			8,328
24.Resident Days			0			8,328
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			24.05			31.60
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			26.70			35.09
29.Plus: \$15 Wage Increase (.10389792333)			0.00			45.94
30.Final Per Diem After Adjustments			336.41			488.07

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028040201 - 2022/07

RI: 719.83

NM: 847.44

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	133.379	338.515	471.894	133.379	444.149	577.528
2.Inflate Line 1 by Inflation Factor 1.06403426 *	141.920	368.205	510.125	141.920	484.371	626.290
3.Line 1 X 1.4000 X Inflation Factor 1.08964796 *	145.336	376.876	522.212	145.336	495.747	641.083
4.Current Period Cost *	124.754	321.216	445.970	124.754	409.464	534.218
5.Incentive Basis (line 3 - line 4)	20.582	55.660		20.582	86.283	
6.Allowed Current Period Costs (Min of line 3 or 4)	124.754	321.216	445.970	124.754	409.464	534.218
7.Incentive Line 5 x Oper 50% Res 50%	10.291	27.830	38.121	10.291	43.142	53.433
8.Incentive - Line 4 x Oper 10% Res 3%	12.475	9.636	22.112	12.475	12.284	24.759
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.291	9.636	19.927	10.291	12.284	22.575
10.Final Incentive	10.291	9.636	19.927	10.291	12.284	22.575
11.Current Period Base: (line 6 + line 10)	135.045	330.852	465.897	135.045	421.748	556.793
12.Plus: Property Rate Component			22.239			22.239
13.Plus: ROE/Use Rate			0.945			0.945
14.Total Current Period Base			489.081			579.976
15.Prospective Rate: Line 11 x Inflation 1.07995239	145.842	357.304	503.147	145.842	455.467	601.310
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	145.842	357.304	503.147	145.842	455.467	601.310
19.Property Rate Component			22.239			22.239
20.ROE Component + ROE Interim Component *			0.945			0.945
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			526.33			624.49
23.Medicaid Days		364			8,090	
24.Resident Days		364			8,090	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			46.61			54.87
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			51.75			60.93
29.Plus: \$15 Wage Increase (.10389792333)			67.75			79.76
30.Final Per Diem After Adjustments			719.83			847.44

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028041101 - 2022/07

RI: 562.68

NM: 868.41

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.672	251.198	352.870	141.802	411.627	553.429
2.Inflate Line 1 by Inflation Factor 1.04602699	106.352	262.760	369.112	148.329	430.573	578.902
3.Line 1 X 1.4000 X Inflation Factor 1.06443779	108.224	267.384	375.608	150.940	438.151	589.091
4.Current Period Cost	138.657	291.851	430.508	138.657	395.079	533.736
5.Incentive Basis (line 3 - line 4)	0.000	0.000		12.283	43.072	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.224	267.384	375.608	138.657	395.079	533.736
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	6.141	21.536	27.677
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	13.866	11.852	25.718
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	6.141	11.852	17.994
10.Final Incentive	0.000	0.000	0.000	6.141	11.852	17.994
11.Current Period Base: (line 6 + line 10)	108.224	267.384	375.608	144.798	406.931	551.730
12.Plus: Property Rate Component			43.389			43.389
13.Plus: ROE/Use Rate			1.389			1.389
14.Total Current Period Base			420.386			596.508
15.Prospective Rate: Line 11 x Inflation 1.07995239	116.877	288.762	405.639	156.375	439.467	595.842
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	116.877	288.762	405.639	156.375	439.467	595.842
19.Property Rate Component			43.389			43.389
20.ROE Component + ROE Interim Component			1.389			1.389
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			450.42			640.62
23.Medicaid Days			0			7,040
24.Resident Days			0			7,040
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			40.22			56.23
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.66			62.43
29.Plus: \$15 Wage Increase (.10389792333)			0.00			81.73
30.Final Per Diem After Adjustments			562.68			868.41



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028045301 - 2022/07

RI: 620.84

NM: 1056.93

MCP Braddock

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	107.878	282.126	390.003	168.208	563.199	731.406
2.Inflate Line 1 by Inflation Factor 1.03304576	111.443	291.449	402.891	173.766	581.810	755.576
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	112.869	295.178	408.047	175.990	589.254	765.244
4.Current Period Cost	149.425	380.570	529.996	149.425	491.971	641.396
5.Incentive Basis (line 3 - line 4)	0.000	0.000		26.564	97.284	
6.Allowed Current Period Costs (Min of line 3 or 4)	112.869	295.178	408.047	149.425	491.971	641.396
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	13.282	48.642	61.924
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	14.943	14.759	29.702
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	13.282	14.759	28.041
10.Final Incentive	0.000	0.000	0.000	13.282	14.759	28.041
11.Current Period Base: (line 6 + line 10)	112.869	295.178	408.047	162.708	506.730	669.437
12.Plus: Property Rate Component			51.982			51.982
13.Plus: ROE/Use Rate			1.611			1.611
14.Total Current Period Base			461.640			723.031
15.Prospective Rate: Line 11 x Inflation 1.09352305	123.424	322.784	446.208	177.924	554.121	732.045
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.424	322.784	446.208	177.924	554.121	732.045
19.Property Rate Component			51.982			51.982
20.ROE Component + ROE Interim Component			1.611			1.611
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			499.80			785.64
23.Medicaid Days			0			7,621
24.Resident Days			0			7,621
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			44.38			68.44
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			49.27			75.99
29.Plus: \$15 Wage Increase (.10389792333)			0.00			99.48
30.Final Per Diem After Adjustments			620.84			1056.93



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2022/07

RI: 592.01

NM: 941.20

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.024	275.984	382.008	163.444	425.892	589.337
2.Inflate Line 1 by Inflation Factor 1.03304576	109.528	285.104	394.632	168.846	439.966	608.812
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	110.930	288.752	399.682	171.006	445.596	616.602
4.Current Period Cost	142.229	342.080	484.309	142.229	467.095	609.323
5.Incentive Basis (line 3 - line 4)	0.000	0.000		28.778	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.930	288.752	399.682	142.229	445.596	587.824
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	14.389	0.000	14.389
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	14.223	0.000	14.223
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	14.223	0.000	14.223
10.Final Incentive	0.000	0.000	0.000	14.223	0.000	14.223
11.Current Period Base: (line 6 + line 10)	110.930	288.752	399.682	156.451	445.596	602.047
12.Plus: Property Rate Component			36.727			36.727
13.Plus: ROE/Use Rate			1.531			1.531
14.Total Current Period Base			437.939			640.305
15.Prospective Rate: Line 11 x Inflation 1.09352305	121.304	315.757	437.061	171.083	487.269	658.353
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.304	315.757	437.061	171.083	487.269	658.353
19.Property Rate Component			36.727			36.727
20.ROE Component + ROE Interim Component			1.531			1.531
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			475.32			696.61
23.Medicaid Days			0			7,852
24.Resident Days			0			7,852
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			42.32			60.94
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			46.98			67.67
29.Plus: \$15 Wage Increase (.10389792333)			0.00			88.58
30.Final Per Diem After Adjustments			592.01			941.20



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028048801 - 2022/07

RI: 577.22

NM: 917.01

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.145	264.378	369.523	159.815	418.785	578.600
2.Inflate Line 1 by Inflation Factor 1.03304576	108.620	273.114	381.734	165.096	432.624	597.720
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	110.010	276.609	386.618	167.209	438.160	605.368
4.Current Period Cost	132.090	326.004	458.094	132.090	453.201	585.291
5.Incentive Basis (line 3 - line 4)	0.000	0.000		35.119	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.010	276.609	386.618	132.090	438.160	570.249
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	17.559	0.000	17.559
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	13.209	0.000	13.209
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	13.209	0.000	13.209
10.Final Incentive	0.000	0.000	0.000	13.209	0.000	13.209
11.Current Period Base: (line 6 + line 10)	110.010	276.609	386.618	145.299	438.160	583.458
12.Plus: Property Rate Component			38.665			38.665
13.Plus: ROE/Use Rate			1.320			1.320
14.Total Current Period Base			426.603			623.443
15.Prospective Rate: Line 11 x Inflation 1.09352305	120.298	302.478	422.776	158.888	479.138	638.025
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	120.298	302.478	422.776	158.888	479.138	638.025
19.Property Rate Component			38.665			38.665
20.ROE Component + ROE Interim Component			1.320			1.320
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			462.76			678.01
23.Medicaid Days			0			8,563
24.Resident Days			0			8,563
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			41.26			59.38
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			45.81			65.93
29.Plus: \$15 Wage Increase (.10389792333)			0.00			86.31
30.Final Per Diem After Adjustments			577.22			917.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028049601 - 2022/07

RI: 647.01

NM: 845.75

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 12/03/2021 - 01/26/2022 Days Eligible: 310 of 365

Eligibility Factor : 84.93%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	70.219	244.699	314.918	70.219	375.220	445.439
2.Inflate Line 1 by Inflation Factor 1.05669965 *	77.810	302.003	379.814	77.810	442.415	520.225
3.Line 1 X 1.4000 X Inflation Factor 1.07937951 *	79.403	307.553	386.956	79.403	450.925	530.328
4.Current Period Cost *	88.142	291.759	379.901	88.142	417.239	505.381
5.Incentive Basis (line 3 - line 4)	0.000	15.794		0.000	33.686	
6.Allowed Current Period Costs (Min of line 3 or 4)	79.403	291.759	371.162	79.403	417.239	496.642
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.897	7.897	0.000	16.843	16.843
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.753	8.753	0.000	12.517	12.517
9.Incentive - Min of Line 7,8 x Eligibility factor 84.93%	0.000	6.707	6.707	0.000	10.631	10.631
10.Final Incentive	0.000	6.707	6.707	0.000	10.631	10.631
11.Current Period Base: (line 6 + line 10)	79.403	298.466	377.869	79.403	427.870	507.273
12.Plus: Property Rate Component			11.214			11.214
13.Plus: ROE/Use Rate			1.683			1.683
14.Total Current Period Base			390.767			520.170
15.Prospective Rate: Line 11 x Inflation 1.09352305	86.829	326.380	413.209	86.829	467.885	554.714
16.Interim Rate Component: *	1.680	42.530	44.210	1.680	53.900	55.580
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	88.509	368.910	457.419	88.509	521.785	610.294
19.Property Rate Component			11.214			11.214
20.ROE Component + ROE Interim Component *			1.683			1.683
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			470.32			623.19
23.Medicaid Days			2,306			6,299
24.Resident Days			2,306			6,299
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			41.90			54.76
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			46.52			60.80
29.Plus: \$15 Wage Increase (.10389792333)			60.90			79.60
30.Final Per Diem After Adjustments			647.01			845.75

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028059300 - 2022/07

RI: 406.55

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	41.577	181.354	222.931	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	44.041	197.107	241.148	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	44.590	199.504	244.094	0.000	0.000	0.000
4.Current Period Cost *	42.625	200.153	242.778	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.966	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.625	199.504	242.129	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.983	0.000	0.983	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.262	0.000	4.262	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.983	0.000	0.983	0.000	0.000	0.000
10.Final Incentive	0.983	0.000	0.983	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.608	199.504	243.111	0.000	0.000	0.000
12.Plus: Property Rate Component			18.723			0.000
13.Plus: ROE/Use Rate			0.770			0.000
14.Total Current Period Base			262.605			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	47.686	218.162	265.848	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	47.686	218.162	265.848	0.000	0.000	0.000
19.Property Rate Component			18.723			0.000
20.ROE Component + ROE Interim Component *			0.770			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			285.34			0.00
23.Medicaid Days		2,182			0	
24.Resident Days		2,182			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			26.32			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			29.23			0.00
29.Plus: \$15 Wage Increase (.10389792333)			38.26			0.00
30.Final Per Diem After Adjustments			406.55			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028062300 - 2022/07

RI: 464.56

NM: 544.73

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	43.367	201.104	244.471	43.367	251.823	295.190
2.Inflate Line 1 by Inflation Factor 1.03304576 *	51.540	266.189	317.730	51.540	281.524	333.064
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	52.113	268.848	320.961	52.113	284.853	336.966
4.Current Period Cost *	54.070	219.096	273.166	54.070	279.272	333.342
5.Incentive Basis (line 3 - line 4)	0.000	49.751		0.000	5.581	
6.Allowed Current Period Costs (Min of line 3 or 4)	52.113	219.096	271.210	52.113	279.272	331.385
7.Incentive Line 5 x Oper 50% Res 50%	0.000	24.876	24.876	0.000	2.790	2.790
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.573	6.573	0.000	8.378	8.378
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.573	6.573	0.000	2.790	2.790
10.Final Incentive	0.000	6.573	6.573	0.000	2.790	2.790
11.Current Period Base: (line 6 + line 10)	52.113	225.669	277.782	52.113	282.062	334.176
12.Plus: Property Rate Component			24.966			24.966
13.Plus: ROE/Use Rate			1.241			1.241
14.Total Current Period Base			303.990			360.383
15.Prospective Rate: Line 11 x Inflation 1.09352305	56.987	246.774	303.761	56.987	308.442	365.429
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.987	246.774	303.761	56.987	308.442	365.429
19.Property Rate Component			24.966			24.966
20.ROE Component + ROE Interim Component *			1.241			1.241
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			329.97			391.64
23.Medicaid Days			1,095			730
24.Resident Days			1,095			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			30.08			35.27
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			33.40			39.16
29.Plus: \$15 Wage Increase (.10389792333)			43.72			51.27
30.Final Per Diem After Adjustments			464.56			544.73

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028065800 - 2022/07

RI: 488.78

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 05/19/2021 - 07/09/2021 Days Eligible: 313 of 365

Eligibility Factor : 85.75%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.285	208.685	252.969	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	48.238	249.401	297.639	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	48.823	252.159	300.982	0.000	0.000	0.000
4.Current Period Cost *	50.302	220.500	270.802	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	31.659		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.823	220.500	269.324	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.829	15.829	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.615	6.615	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 85.75%	0.000	5.673	5.673	0.000	0.000	0.000
10.Final Incentive	0.000	5.673	5.673	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	48.823	226.173	274.996	0.000	0.000	0.000
12.Plus: Property Rate Component			16.930			0.000
13.Plus: ROE/Use Rate			0.826			0.000
14.Total Current Period Base			292.752			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	53.389	247.325	300.715	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	30.130	30.130	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.389	277.455	330.845	0.000	0.000	0.000
19.Property Rate Component			16.930			0.000
20.ROE Component + ROE Interim Component *			0.826			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			348.60			0.00
23.Medicaid Days		2,003			0	
24.Resident Days		2,003			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			31.65			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			35.14			0.00
29.Plus: \$15 Wage Increase (.10389792333)			46.00			0.00
30.Final Per Diem After Adjustments			488.78			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028427100 - 2022/07

RI: 394.28

NM: 496.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Ineligible from 11/24/2021 - 12/17/2021 Days Eligible: 341 of 365

Eligibility Factor : 93.42%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2020	2/28/2021	Unaudited Costs	202107
Prior Cost Report	3/1/2019	2/29/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.460	154.937	225.397	70.460	232.781	303.241
2.Inflate Line 1 by Inflation Factor 1.02740358	72.391	159.183	231.574	72.391	239.160	311.551
3.Line 1 X 1.4000 X Inflation Factor 1.03836501	73.163	160.881	234.044	73.163	241.711	314.875
4.Current Period Cost	79.394	144.720	224.114	79.394	213.630	293.024
5.Incentive Basis (line 3 - line 4)	0.000	16.161		0.000	28.082	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.163	144.720	217.883	73.163	213.630	286.793
7.Incentive Line 5 x Oper 50% Res 50%	0.000	8.080	8.080	0.000	14.041	14.041
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.342	4.342	0.000	6.409	6.409
9.Incentive - Min of Line 7,8 x Eligibility factor 93.42%	0.000	4.056	4.056	0.000	5.987	5.987
10.Final Incentive	0.000	4.056	4.056	0.000	5.987	5.987
11.Current Period Base: (line 6 + line 10)	73.163	148.776	221.940	73.163	219.617	292.781
12.Plus: Property Rate Component			29.585			29.585
13.Plus: ROE/Use Rate			0.360			0.360
14.Total Current Period Base			251.884			322.725
15.Prospective Rate: Line 11 x Inflation 1.10821156	81.081	164.875	245.956	81.081	243.382	324.463
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.081	164.875	245.956	81.081	243.382	324.463
19.Property Rate Component			29.585			29.585
20.ROE Component + ROE Interim Component			0.360			0.360
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			275.90			354.41
23.Medicaid Days			6,211			16,818
24.Resident Days			6,211			16,818
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.53			32.14
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.35			35.68
29.Plus: \$15 Wage Increase (.10389792333)			37.11			46.71
30.Final Per Diem After Adjustments			394.28			496.33



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028500500 - 2022/07

RI: 483.21

NM: 0.00

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	37.751	186.346	224.097	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	42.728	233.374	276.103	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	43.227	235.838	279.065	0.000	0.000	0.000
4.Current Period Cost *	48.795	207.070	255.865	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	28.768		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.227	207.070	250.297	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	14.384	14.384	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.212	6.212	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.212	6.212	0.000	0.000	0.000
10.Final Incentive	0.000	6.212	6.212	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.227	213.282	256.509	0.000	0.000	0.000
12.Plus: Property Rate Component			24.526			0.000
13.Plus: ROE/Use Rate			5.035			0.000
14.Total Current Period Base			286.070			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	47.270	233.229	280.499	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	34.250	34.250	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	47.270	267.479	314.749	0.000	0.000	0.000
19.Property Rate Component			24.526			0.000
20.ROE Component + ROE Interim Component *			5.035			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			344.31			0.00
23.Medicaid Days			4,114			0
24.Resident Days			4,114			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			31.29			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			34.74			0.00
29.Plus: \$15 Wage Increase (.10389792333)			45.48			0.00
30.Final Per Diem After Adjustments			483.21			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028505600 - 2022/07

RI: 527.12

NM: 802.38

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.463	246.182	315.645	69.463	431.992	501.454
2.Inflate Line 1 by Inflation Factor 1.03941274	72.200	255.885	328.085	72.200	449.017	521.218
3.Line 1 X 1.4000 X Inflation Factor 1.05517784	73.295	259.766	333.061	73.295	455.828	529.123
4.Current Period Cost	111.967	279.455	391.422	111.967	459.557	571.524
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	73.295	259.766	333.061	73.295	455.828	529.123
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	73.295	259.766	333.061	73.295	455.828	529.123
12.Plus: Property Rate Component			17.331			17.331
13.Plus: ROE/Use Rate			1.067			1.067
14.Total Current Period Base			351.459			547.521
15.Prospective Rate: Line 11 x Inflation 1.07995239	79.155	280.535	359.690	79.155	492.272	571.428
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	79.155	280.535	359.690	79.155	492.272	571.428
19.Property Rate Component			17.331			17.331
20.ROE Component + ROE Interim Component			1.067			1.067
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			378.09			589.83
23.Medicaid Days			3,155			2,519
24.Resident Days			3,155			2,519
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.13			51.96
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			37.90			57.69
29.Plus: \$15 Wage Increase (.10389792333)			49.61			75.52
30.Final Per Diem After Adjustments			527.12			802.38



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028512900 - 2022/07

RI: 419.25

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Ineligible from 01/06/2022 - 03/16/2022 Days Eligible: 295 of 365

Eligibility Factor : 80.82%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	202107
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.548	188.294	226.842	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05260140	40.576	198.199	238.775	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07364196	41.387	202.161	243.547	0.000	0.000	0.000
4.Current Period Cost	73.568	220.915	294.483	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.387	202.161	243.547	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 80.82%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.387	202.161	243.547	0.000	0.000	0.000
12.Plus: Property Rate Component			7.965			0.000
13.Plus: ROE/Use Rate			0.398			0.000
14.Total Current Period Base			251.910			0.000
15.Prospective Rate: Line 11 x Inflation 1.17737884	48.728	238.020	286.748	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	48.728	238.020	286.748	0.000	0.000	0.000
19.Property Rate Component			7.965			0.000
20.ROE Component + ROE Interim Component			0.398			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			295.11			0.00
23.Medicaid Days		19,050			0	
24.Resident Days		19,050			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			27.15			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			30.14			0.00
29.Plus: \$15 Wage Increase (.10389792333)			39.46			0.00
30.Final Per Diem After Adjustments			419.25			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028513700 - 2022/07

RI: 464.18

NM: 559.34

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	202007
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	95.759	175.270	271.028	95.759	242.036	337.795
2.Inflate Line 1 by Inflation Factor 1.02460390	98.115	179.582	277.697	98.115	247.991	346.106
3.Line 1 X 1.4000 X Inflation Factor 1.03444546	99.057	181.307	280.364	99.057	250.373	349.430
4.Current Period Cost	123.287	179.145	302.432	123.287	237.479	360.765
5.Incentive Basis (line 3 - line 4)	0.000	2.162		0.000	12.894	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.057	179.145	278.202	99.057	237.479	336.536
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.081	1.081	0.000	6.447	6.447
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.374	5.374	0.000	7.124	7.124
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.081	1.081	0.000	6.447	6.447
10.Final Incentive	0.000	1.081	1.081	0.000	6.447	6.447
11.Current Period Base: (line 6 + line 10)	99.057	180.226	279.283	99.057	243.926	342.983
12.Plus: Property Rate Component			6.617			6.617
13.Plus: ROE/Use Rate			2.131			2.131
14.Total Current Period Base			288.031			351.731
15.Prospective Rate: Line 11 x Inflation 1.14910635	113.827	207.099	320.926	113.827	280.297	394.124
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.827	207.099	320.926	113.827	280.297	394.124
19.Property Rate Component			6.617			6.617
20.ROE Component + ROE Interim Component			2.131			2.131
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			329.67			402.87
23.Medicaid Days			2,920			8,030
24.Resident Days			2,920			8,030
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			30.06			36.22
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			33.37			40.21
29.Plus: \$15 Wage Increase (.10389792333)			43.69			52.64
30.Final Per Diem After Adjustments			464.18			559.34



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028519600 - 2022/07

RI: 559.41

NM: 0.00

BARC Housing, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	103.106	228.276	331.382	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03941274 *	108.940	249.232	358.172	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05517784 *	110.565	252.831	363.396	0.000	0.000	0.000
4.Current Period Cost *	106.036	242.892	348.928	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.529	9.939		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.036	242.892	348.928	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.265	4.969	7.234	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.604	7.287	17.890	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.265	4.969	7.234	0.000	0.000	0.000
10.Final Incentive	2.265	4.969	7.234	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	108.300	247.862	356.162	0.000	0.000	0.000
12.Plus: Property Rate Component			17.757			0.000
13.Plus: ROE/Use Rate			0.532			0.000
14.Total Current Period Base			374.451			0.000
15.Prospective Rate: Line 11 x Inflation 1.07995239	116.959	267.679	384.638	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	116.959	267.679	384.638	0.000	0.000	0.000
19.Property Rate Component			17.757			0.000
20.ROE Component + ROE Interim Component *			0.532			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			402.93			0.00
23.Medicaid Days		12,835			0	
24.Resident Days		12,835			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			36.22			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.22			0.00
29.Plus: \$15 Wage Increase (.10389792333)			52.65			0.00
30.Final Per Diem After Adjustments			559.41			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2022/07

RI: 521.90

NM: 694.52

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.173	200.683	270.856	70.173	292.625	362.798
2.Inflate Line 1 by Inflation Factor 1.02368791	71.835	205.437	277.272	71.835	299.557	371.392
3.Line 1 X 1.4000 X Inflation Factor 1.03316307	72.500	207.338	279.838	72.500	302.330	374.829
4.Current Period Cost	66.007	257.942	323.949	66.007	337.390	403.396
5.Incentive Basis (line 3 - line 4)	6.493	0.000		6.493	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	66.007	207.338	273.345	66.007	302.330	368.336
7.Incentive Line 5 x Oper 50% Res 50%	3.247	0.000	3.247	3.247	0.000	3.247
8.Incentive - Line 4 x Oper 10% Res 3%	6.601	0.000	6.601	6.601	0.000	6.601
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.247	0.000	3.247	3.247	0.000	3.247
10.Final Incentive	3.247	0.000	3.247	3.247	0.000	3.247
11.Current Period Base: (line 6 + line 10)	69.253	207.338	276.591	69.253	302.330	371.583
12.Plus: Property Rate Component			19.373			19.373
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			295.965			390.956
15.Prospective Rate: Line 11 x Inflation 1.12251628	77.738	232.741	310.478	77.738	339.370	417.108
16.Interim Rate Component: *	3.680	40.540	44.220	3.680	66.700	70.380
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.418	273.281	354.698	81.418	406.070	487.488
19.Property Rate Component			19.373			19.373
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			374.07			506.86
23.Medicaid Days			1,068			15,190
24.Resident Days			1,068			15,190
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			33.79			44.97
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			37.52			49.93
29.Plus: \$15 Wage Increase (.10389792333)			49.12			65.37
30.Final Per Diem After Adjustments			521.90			694.52

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028531500 - 2022/07

RI: 582.71

NM: 728.85

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.220	219.674	344.893	125.220	317.931	443.150
2.Inflate Line 1 by Inflation Factor 1.03304576	129.358	226.933	356.290	129.358	328.437	457.794
3.Line 1 X 1.4000 X Inflation Factor 1.04626406	131.013	229.836	360.849	131.013	332.639	463.652
4.Current Period Cost	153.982	253.569	407.551	153.982	378.254	532.236
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	131.013	229.836	360.849	131.013	332.639	463.652
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	131.013	229.836	360.849	131.013	332.639	463.652
12.Plus: Property Rate Component			25.200			25.200
13.Plus: ROE/Use Rate			1.056			1.056
14.Total Current Period Base			387.105			489.908
15.Prospective Rate: Line 11 x Inflation 1.09352305	143.265	251.331	394.597	143.265	363.749	507.014
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	143.265	251.331	394.597	143.265	363.749	507.014
19.Property Rate Component			25.200			25.200
20.ROE Component + ROE Interim Component			1.056			1.056
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			420.85			533.27
23.Medicaid Days			2,181			4,010
24.Resident Days			2,181			4,010
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.73			47.19
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.89			52.40
29.Plus: \$15 Wage Increase (.10389792333)			54.84			68.60
30.Final Per Diem After Adjustments			582.71			728.85



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028533100 - 2022/07

RI: 587.00

NM: 780.22

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	94.482	203.818	298.300	94.482	295.914	390.397
2.Inflate Line 1 by Inflation Factor 1.03304576 *	103.975	225.803	329.777	103.975	336.193	440.168
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	105.223	228.497	333.720	105.223	340.104	445.328
4.Current Period Cost *	112.248	229.496	341.744	112.248	341.203	453.452
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.223	228.497	333.720	105.223	340.104	445.328
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	105.223	228.497	333.720	105.223	340.104	445.328
12.Plus: Property Rate Component			20.582			20.582
13.Plus: ROE/Use Rate			2.087			2.087
14.Total Current Period Base			356.389			467.997
15.Prospective Rate: Line 11 x Inflation 1.09352305	115.064	249.867	364.931	115.064	371.912	486.976
16.Interim Rate Component: *	1.070	35.480	36.550	1.070	62.070	63.140
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	116.134	285.347	401.481	116.134	433.982	550.116
19.Property Rate Component			20.582			20.582
20.ROE Component + ROE Interim Component *			2.087			2.087
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			424.15			572.79
23.Medicaid Days		676			7,521	
24.Resident Days		676			7,521	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.01			50.52
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.20			56.09
29.Plus: \$15 Wage Increase (.10389792333)			55.25			73.43
30.Final Per Diem After Adjustments			587.00			780.22

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028536600 - 2022/07

RI: 392.57

NM: 457.82

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.864	167.695	212.559	44.864	198.657	243.522
2.Inflate Line 1 by Inflation Factor 1.02551845	46.009	171.974	217.983	46.009	203.727	249.736
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	46.467	173.686	220.153	46.467	205.754	252.222
4.Current Period Cost	43.977	178.718	222.695	43.977	208.481	252.458
5.Incentive Basis (line 3 - line 4)	2.490	0.000		2.490	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.977	173.686	217.663	43.977	205.754	249.732
7.Incentive Line 5 x Oper 50% Res 50%	1.245	0.000	1.245	1.245	0.000	1.245
8.Incentive - Line 4 x Oper 10% Res 3%	4.398	0.000	4.398	4.398	0.000	4.398
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.245	0.000	1.245	1.245	0.000	1.245
10.Final Incentive	1.245	0.000	1.245	1.245	0.000	1.245
11.Current Period Base: (line 6 + line 10)	45.222	173.686	218.908	45.222	205.754	250.977
12.Plus: Property Rate Component			7.878			7.878
13.Plus: ROE/Use Rate			0.535			0.535
14.Total Current Period Base			227.321			259.389
15.Prospective Rate: Line 11 x Inflation 1.15552543	52.255	200.698	252.954	52.255	237.754	290.010
16.Interim Rate Component: *	0.000	13.220	13.220	0.000	26.360	26.360
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	52.255	213.918	266.174	52.255	264.114	316.370
19.Property Rate Component			7.878			7.878
20.ROE Component + ROE Interim Component *			0.535			0.535
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			274.59			324.78
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.42			29.64
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.22			32.91
29.Plus: \$15 Wage Increase (.10389792333)			36.95			43.09
30.Final Per Diem After Adjustments			392.57			457.82

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028537400 - 2022/07

RI: 426.24

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.565	179.242	226.807	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02551845	48.779	183.815	232.594	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	49.265	185.645	234.910	0.000	0.000	0.000
4.Current Period Cost	43.735	199.257	242.992	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	5.529	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.735	185.645	229.380	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.765	0.000	2.765	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.374	0.000	4.374	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.765	0.000	2.765	0.000	0.000	0.000
10.Final Incentive	2.765	0.000	2.765	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.500	185.645	232.145	0.000	0.000	0.000
12.Plus: Property Rate Component			7.580			0.000
13.Plus: ROE/Use Rate			0.487			0.000
14.Total Current Period Base			240.212			0.000
15.Prospective Rate: Line 11 x Inflation 1.15552543	53.732	214.518	268.249	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	24.170	24.170	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.732	238.688	292.419	0.000	0.000	0.000
19.Property Rate Component			7.580			0.000
20.ROE Component + ROE Interim Component *			0.487			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			300.49			0.00
23.Medicaid Days		2,145			0	
24.Resident Days		2,145			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			27.60			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			30.64			0.00
29.Plus: \$15 Wage Increase (.10389792333)			40.12			0.00
30.Final Per Diem After Adjustments			426.24			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2022/07

RI: 663.32

NM: 807.15

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2020	5/31/2021	Unaudited Costs	202107
Prior Cost Report	6/1/2019	5/31/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	122.127	213.164	335.291	122.127	309.735	431.862
2.Inflate Line 1 by Inflation Factor 1.03131317	125.951	219.839	345.790	125.951	319.434	445.385
3.Line 1 X 1.4000 X Inflation Factor 1.04383844	127.481	222.509	349.990	127.481	323.313	450.794
4.Current Period Cost	129.782	251.498	381.281	129.782	374.398	504.180
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	127.481	222.509	349.990	127.481	323.313	450.794
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	127.481	222.509	349.990	127.481	323.313	450.794
12.Plus: Property Rate Component			67.174			67.174
13.Plus: ROE/Use Rate			1.191			1.191
14.Total Current Period Base			418.355			519.159
15.Prospective Rate: Line 11 x Inflation 1.09756323	139.918	244.218	384.136	139.918	354.857	494.775
16.Interim Rate Component: *	0.000	30.360	30.360	0.000	30.360	30.360
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	139.918	274.578	414.496	139.918	385.217	525.135
19.Property Rate Component			67.174			67.174
20.ROE Component + ROE Interim Component *			1.191			1.191
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			482.86			593.50
23.Medicaid Days		2,811			5,561	
24.Resident Days		2,811			5,561	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			42.95			52.26
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			47.69			58.03
29.Plus: \$15 Wage Increase (.10389792333)			62.43			75.97
30.Final Per Diem After Adjustments			663.32			807.15

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028541200 - 2022/07

RI: 398.73

NM: 469.30

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2018	6/30/2019	Unaudited Costs	201907
Prior Cost Report	7/1/2017	6/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.805	166.765	207.569	40.805	198.669	239.474
2.Inflate Line 1 by Inflation Factor 1.02551845	41.846	171.020	212.866	41.846	203.739	245.585
3.Line 1 X 1.4000 X Inflation Factor 1.03572583	42.263	172.722	214.985	42.263	205.767	248.029
4.Current Period Cost	40.776	179.436	220.212	40.776	210.794	251.570
5.Incentive Basis (line 3 - line 4)	1.487	0.000		1.487	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.776	172.722	213.498	40.776	205.767	246.542
7.Incentive Line 5 x Oper 50% Res 50%	0.743	0.000	0.743	0.743	0.000	0.743
8.Incentive - Line 4 x Oper 10% Res 3%	4.078	0.000	4.078	4.078	0.000	4.078
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.743	0.000	0.743	0.743	0.000	0.743
10.Final Incentive	0.743	0.000	0.743	0.743	0.000	0.743
11.Current Period Base: (line 6 + line 10)	41.519	172.722	214.242	41.519	205.767	247.286
12.Plus: Property Rate Component			14.819			14.819
13.Plus: ROE/Use Rate			0.827			0.827
14.Total Current Period Base			229.887			262.931
15.Prospective Rate: Line 11 x Inflation 1.15552543	47.977	199.585	247.562	47.977	237.768	285.745
16.Interim Rate Component: *	0.000	16.120	16.120	0.000	32.220	32.220
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	47.977	215.705	263.682	47.977	269.988	317.965
19.Property Rate Component			14.819			14.819
20.ROE Component + ROE Interim Component *			0.827			0.827
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			279.33			333.61
23.Medicaid Days			1,095			1,095
24.Resident Days			1,095			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.82			30.39
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.67			33.74
29.Plus: \$15 Wage Increase (.10389792333)			37.53			44.17
30.Final Per Diem After Adjustments			398.73			469.30

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028547100 - 2022/07

RI: 409.98

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	42.734	158.151	200.886	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	48.496	193.977	242.474	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	49.061	196.068	245.129	0.000	0.000	0.000
4.Current Period Cost *	56.691	275.065	331.757	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	49.061	196.068	245.129	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.061	196.068	245.129	0.000	0.000	0.000
12.Plus: Property Rate Component			18.672			0.000
13.Plus: ROE/Use Rate			1.255			0.000
14.Total Current Period Base			265.056			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	53.650	214.405	268.055	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.650	214.405	268.055	0.000	0.000	0.000
19.Property Rate Component			18.672			0.000
20.ROE Component + ROE Interim Component *			1.255			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			287.98			0.00
23.Medicaid Days		1,805			0	
24.Resident Days		1,805			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			26.55			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			29.47			0.00
29.Plus: \$15 Wage Increase (.10389792333)			38.59			0.00
30.Final Per Diem After Adjustments			409.98			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028548000 - 2022/07

RI: 392.80

NM: 517.07

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.481	180.927	225.408	44.481	230.300	274.781
2.Inflate Line 1 by Inflation Factor 1.03304576 *	49.681	186.906	236.586	49.681	458.390	508.071
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	50.269	189.297	239.566	50.269	461.434	511.703
4.Current Period Cost *	50.277	209.358	259.634	50.277	268.656	318.933
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	192.778	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.269	189.297	239.566	50.269	268.656	318.925
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	96.389	96.389
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	8.060	8.060
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	8.060	8.060
10.Final Incentive	0.000	0.000	0.000	0.000	8.060	8.060
11.Current Period Base: (line 6 + line 10)	50.269	189.297	239.566	50.269	276.716	326.985
12.Plus: Property Rate Component			11.764			11.764
13.Plus: ROE/Use Rate			1.029			1.029
14.Total Current Period Base			252.359			339.778
15.Prospective Rate: Line 11 x Inflation 1.09352305	54.970	207.001	261.971	54.970	302.595	357.565
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	54.970	207.001	261.971	54.970	302.595	357.565
19.Property Rate Component			11.764			11.764
20.ROE Component + ROE Interim Component *			1.029			1.029
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			274.76			370.36
23.Medicaid Days		1,627			346	
24.Resident Days		1,627			346	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.43			33.48
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.24			37.17
29.Plus: \$15 Wage Increase (.10389792333)			36.97			48.67
30.Final Per Diem After Adjustments			392.80			517.07

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028552800 - 2022/07

RI: 392.39

NM: 472.15

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	48.519	161.019	209.538	48.519	203.691	252.210
2.Inflate Line 1 by Inflation Factor 1.03304576 *	51.452	180.740	232.192	51.452	229.362	280.814
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	52.093	182.868	234.962	52.093	232.055	284.148
4.Current Period Cost *	51.048	164.203	215.251	51.048	211.331	262.379
5.Incentive Basis (line 3 - line 4)	1.045	18.666		1.045	20.724	
6.Allowed Current Period Costs (Min of line 3 or 4)	51.048	164.203	215.251	51.048	211.331	262.379
7.Incentive Line 5 x Oper 50% Res 50%	0.523	9.333	9.855	0.523	10.362	10.884
8.Incentive - Line 4 x Oper 10% Res 3%	5.105	4.926	10.031	5.105	6.340	11.445
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.523	4.926	5.449	0.523	6.340	6.862
10.Final Incentive	0.523	4.926	5.449	0.523	6.340	6.862
11.Current Period Base: (line 6 + line 10)	51.571	169.129	220.700	51.571	217.671	269.242
12.Plus: Property Rate Component			7.239			7.239
13.Plus: ROE/Use Rate			1.045			1.045
14.Total Current Period Base			228.983			277.525
15.Prospective Rate: Line 11 x Inflation 1.09352305	56.394	184.946	241.340	56.394	238.028	294.422
16.Interim Rate Component: *	0.000	24.830	24.830	0.000	33.100	33.100
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.394	209.776	266.170	56.394	271.128	327.522
19.Property Rate Component			7.239			7.239
20.ROE Component + ROE Interim Component *			1.045			1.045
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			274.45			335.81
23.Medicaid Days			730			1,315
24.Resident Days			730			1,315
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			25.41			30.57
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.21			33.94
29.Plus: \$15 Wage Increase (.10389792333)			36.93			44.44
30.Final Per Diem After Adjustments			392.39			472.15

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028553600 - 2022/07

RI: 481.63

NM: 518.47

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	46.757	191.034	237.790	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	50.902	224.737	275.638	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	51.520	227.262	278.781	0.000	0.000	0.000
4.Current Period Cost *	52.932	210.649	263.580	52.932	268.546	321.477
5.Incentive Basis (line 3 - line 4)	0.000	16.613		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	51.520	210.649	262.168	52.932	268.546	321.477
7.Incentive Line 5 x Oper 50% Res 50%	0.000	8.306	8.306	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.319	6.319	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.319	6.319	0.000	0.000	0.000
10.Final Incentive	0.000	6.319	6.319	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.520	216.968	268.488	52.932	268.546	321.477
12.Plus: Property Rate Component			18.882			18.882
13.Plus: ROE/Use Rate			1.011			1.011
14.Total Current Period Base			288.380			341.369
15.Prospective Rate: Line 11 x Inflation 1.09352305	56.338	237.260	293.598	57.882	293.661	351.543
16.Interim Rate Component: *	1.840	27.770	29.610	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	58.178	265.030	323.208	57.882	293.661	351.543
19.Property Rate Component			18.882			18.882
20.ROE Component + ROE Interim Component *			1.011			1.011
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			343.10			371.43
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			31.19			33.57
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			34.63			37.27
29.Plus: \$15 Wage Increase (.10389792333)			45.33			48.80
30.Final Per Diem After Adjustments			481.63			518.47

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028557900 - 2022/07

RI: 394.55

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	39.717	167.489	207.206	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	43.210	192.534	235.744	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	43.735	194.748	238.483	0.000	0.000	0.000
4.Current Period Cost *	46.684	204.384	251.068	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.735	194.748	238.483	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.735	194.748	238.483	0.000	0.000	0.000
12.Plus: Property Rate Component			14.569			0.000
13.Plus: ROE/Use Rate			0.757			0.000
14.Total Current Period Base			253.808			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	47.825	212.961	260.786	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	47.825	212.961	260.786	0.000	0.000	0.000
19.Property Rate Component			14.569			0.000
20.ROE Component + ROE Interim Component *			0.757			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			276.11			0.00
23.Medicaid Days			2,067			0
24.Resident Days			2,067			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			25.55			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.37			0.00
29.Plus: \$15 Wage Increase (.10389792333)			37.13			0.00
30.Final Per Diem After Adjustments			394.55			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028558700 - 2022/07

RI: 439.38

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	46.061	190.779	236.840	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	50.123	218.484	268.606	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	50.731	221.006	271.737	0.000	0.000	0.000
4.Current Period Cost *	51.074	223.234	274.308	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.731	221.006	271.737	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	50.731	221.006	271.737	0.000	0.000	0.000
12.Plus: Property Rate Component			12.331			0.000
13.Plus: ROE/Use Rate			1.113			0.000
14.Total Current Period Base			285.181			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	55.476	241.675	297.151	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	55.476	241.675	297.151	0.000	0.000	0.000
19.Property Rate Component			12.331			0.000
20.ROE Component + ROE Interim Component *			1.113			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			310.59			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			28.45			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			31.59			0.00
29.Plus: \$15 Wage Increase (.10389792333)			41.35			0.00
30.Final Per Diem After Adjustments			439.38			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028559500 - 2022/07

RI: 447.01

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	49.049	223.459	272.507	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	53.059	248.333	301.392	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	53.708	251.287	304.994	0.000	0.000	0.000
4.Current Period Cost *	47.133	224.352	271.485	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	6.575	26.935		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.133	224.352	271.485	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.288	13.467	16.755	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.713	6.731	11.444	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.288	6.731	10.018	0.000	0.000	0.000
10.Final Incentive	3.288	6.731	10.018	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	50.420	231.082	281.503	0.000	0.000	0.000
12.Plus: Property Rate Component			7.221			0.000
13.Plus: ROE/Use Rate			1.416			0.000
14.Total Current Period Base			290.140			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	55.136	252.694	307.830	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	55.136	252.694	307.830	0.000	0.000	0.000
19.Property Rate Component			7.221			0.000
20.ROE Component + ROE Interim Component *			1.416			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			316.47			0.00
23.Medicaid Days			2,180			0
24.Resident Days			2,180			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			28.94			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			32.14			0.00
29.Plus: \$15 Wage Increase (.10389792333)			42.07			0.00
30.Final Per Diem After Adjustments			447.01			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028560900 - 2022/07

RI: 428.60

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	44.592	207.285	251.877	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	46.936	222.745	269.680	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	47.525	225.485	273.010	0.000	0.000	0.000
4.Current Period Cost *	47.495	216.902	264.397	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.031	8.583		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.495	216.902	264.397	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.015	4.291	4.307	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.749	6.507	11.257	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.015	4.291	4.307	0.000	0.000	0.000
10.Final Incentive	0.015	4.291	4.307	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.510	221.194	268.703	0.000	0.000	0.000
12.Plus: Property Rate Component			7.312			0.000
13.Plus: ROE/Use Rate			1.156			0.000
14.Total Current Period Base			277.171			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	51.953	241.880	293.833	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	51.953	241.880	293.833	0.000	0.000	0.000
19.Property Rate Component			7.312			0.000
20.ROE Component + ROE Interim Component *			1.156			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			302.30			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			27.75			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			30.81			0.00
29.Plus: \$15 Wage Increase (.10389792333)			40.34			0.00
30.Final Per Diem After Adjustments			428.60			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028561700 - 2022/07

RI: 483.89

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	46.891	229.593	276.484	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	51.530	266.830	318.360	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	52.150	269.865	322.015	0.000	0.000	0.000
4.Current Period Cost *	50.967	249.759	300.726	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.183	20.106		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.967	249.759	300.726	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.592	10.053	10.645	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.097	7.493	12.589	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.592	7.493	8.084	0.000	0.000	0.000
10.Final Incentive	0.592	7.493	8.084	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	51.558	257.252	308.810	0.000	0.000	0.000
12.Plus: Property Rate Component			5.826			0.000
13.Plus: ROE/Use Rate			1.322			0.000
14.Total Current Period Base			315.958			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	56.380	281.311	337.691	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	56.380	281.311	337.691	0.000	0.000	0.000
19.Property Rate Component			5.826			0.000
20.ROE Component + ROE Interim Component *			1.322			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			344.84			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			31.33			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			34.79			0.00
29.Plus: \$15 Wage Increase (.10389792333)			45.54			0.00
30.Final Per Diem After Adjustments			483.89			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028565000 - 2022/07

RI: 571.08

NM: 706.17

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	92.449	241.756	334.205	92.449	330.923	423.372
2.Inflate Line 1 by Inflation Factor 1.04409328 *	100.555	280.516	381.071	100.555	389.345	489.900
3.Line 1 X 1.4000 X Inflation Factor 1.06173059 *	102.186	284.779	386.965	102.186	395.181	497.367
4.Current Period Cost *	99.147	257.019	356.166	99.147	351.305	450.452
5.Incentive Basis (line 3 - line 4)	3.039	27.760		3.039	43.876	
6.Allowed Current Period Costs (Min of line 3 or 4)	99.147	257.019	356.166	99.147	351.305	450.452
7.Incentive Line 5 x Oper 50% Res 50%	1.520	13.880	15.400	1.520	21.938	23.458
8.Incentive - Line 4 x Oper 10% Res 3%	9.915	7.711	17.625	9.915	10.539	20.454
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.520	7.711	9.230	1.520	10.539	12.059
10.Final Incentive	1.520	7.711	9.230	1.520	10.539	12.059
11.Current Period Base: (line 6 + line 10)	100.666	264.730	365.396	100.666	361.844	462.510
12.Plus: Property Rate Component			20.917			20.917
13.Plus: ROE/Use Rate			0.011			0.011
14.Total Current Period Base			386.324			483.439
15.Prospective Rate: Line 11 x Inflation 1.07001179	107.714	283.264	390.978	107.714	387.178	494.892
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.714	283.264	390.978	107.714	387.178	494.892
19.Property Rate Component			20.917			20.917
20.ROE Component + ROE Interim Component *			0.011			0.011
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			411.91			515.82
23.Medicaid Days		10,190			12,238	
24.Resident Days		10,190			12,238	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.98			45.73
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.06			50.77
29.Plus: \$15 Wage Increase (.10389792333)			53.75			66.46
30.Final Per Diem After Adjustments			571.08			706.17

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028566800 - 2022/07

RI: 563.11

NM: 659.35

Washington Square

Ownership:Private

Incentive Rating: Ineligible from 05/13/2021 - 06/07/2021, 09/10/2021 - 09/23/2021 Days Eligible: 325 of 365

Eligibility Factor : 89.04%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	94.816	228.355	323.170	94.816	294.029	388.845
2.Inflate Line 1 by Inflation Factor 1.04409328 *	103.356	263.763	367.120	103.356	342.554	445.910
3.Line 1 X 1.4000 X Inflation Factor 1.06173059 *	105.029	267.791	372.820	105.029	347.740	452.769
4.Current Period Cost *	98.928	250.101	349.029	98.928	317.486	416.414
5.Incentive Basis (line 3 - line 4)	6.101	17.690		6.101	30.254	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.928	250.101	349.029	98.928	317.486	416.414
7.Incentive Line 5 x Oper 50% Res 50%	3.050	8.845	11.895	3.050	15.127	18.177
8.Incentive - Line 4 x Oper 10% Res 3%	9.893	7.503	17.396	9.893	9.525	19.417
9.Incentive - Min of Line 7,8 x Eligibility factor 89.04%	2.716	6.681	9.397	2.716	8.481	11.197
10.Final Incentive	2.716	6.681	9.397	2.716	8.481	11.197
11.Current Period Base: (line 6 + line 10)	101.644	256.782	358.426	101.644	325.967	427.611
12.Plus: Property Rate Component			22.080			22.080
13.Plus: ROE/Use Rate			0.175			0.175
14.Total Current Period Base			380.680			449.865
15.Prospective Rate: Line 11 x Inflation 1.07001179	108.760	274.760	383.520	108.760	348.788	457.549
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	108.760	274.760	383.520	108.760	348.788	457.549
19.Property Rate Component			22.080			22.080
20.ROE Component + ROE Interim Component *			0.175			0.175
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			405.77			479.80
23.Medicaid Days		2,908			17,991	
24.Resident Days		2,908			17,991	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.46			42.69
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.48			47.40
29.Plus: \$15 Wage Increase (.10389792333)			53.00			62.06
30.Final Per Diem After Adjustments			563.11			659.35

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028567600 - 2022/07

RI: 557.60

NM: 683.72

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2020	11/30/2021	Unaudited Costs	202107
Prior Cost Report	12/1/2019	11/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	90.919	227.595	318.514	90.919	304.305	395.224
2.Inflate Line 1 by Inflation Factor 1.04409328 *	98.588	267.520	366.109	98.588	361.883	460.471
3.Line 1 X 1.4000 X Inflation Factor 1.06173059 *	100.192	271.534	371.726	100.192	367.250	467.442
4.Current Period Cost *	94.758	249.625	344.383	94.758	337.654	432.411
5.Incentive Basis (line 3 - line 4)	5.434	21.909		5.434	29.596	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.758	249.625	344.383	94.758	337.654	432.411
7.Incentive Line 5 x Oper 50% Res 50%	2.717	10.955	13.672	2.717	14.798	17.515
8.Incentive - Line 4 x Oper 10% Res 3%	9.476	7.489	16.965	9.476	10.130	19.605
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.717	7.489	10.206	2.717	10.130	12.847
10.Final Incentive	2.717	7.489	10.206	2.717	10.130	12.847
11.Current Period Base: (line 6 + line 10)	97.475	257.114	354.589	97.475	347.783	445.258
12.Plus: Property Rate Component			22.052			22.052
13.Plus: ROE/Use Rate			0.070			0.070
14.Total Current Period Base			376.711			467.380
15.Prospective Rate: Line 11 x Inflation 1.07001179	104.299	275.115	379.414	104.299	372.132	476.431
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	104.299	275.115	379.414	104.299	372.132	476.431
19.Property Rate Component			22.052			22.052
20.ROE Component + ROE Interim Component *			0.070			0.070
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			401.54			498.55
23.Medicaid Days		5,615			16,713	
24.Resident Days		5,615			16,713	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.11			44.27
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.09			49.16
29.Plus: \$15 Wage Increase (.10389792333)			52.48			64.35
30.Final Per Diem After Adjustments			557.60			683.72

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028568400 - 2022/07

RI: 419.13

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	43.050	225.379	268.429	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03304576 *	46.833	253.127	299.960	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	47.402	256.106	303.508	0.000	0.000	0.000
4.Current Period Cost *	45.369	204.834	250.203	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.033	51.272		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	45.369	204.834	250.203	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.017	25.636	26.652	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.537	6.145	10.682	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.017	6.145	7.162	0.000	0.000	0.000
10.Final Incentive	1.017	6.145	7.162	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.386	210.979	257.364	0.000	0.000	0.000
12.Plus: Property Rate Component			12.065			0.000
13.Plus: ROE/Use Rate			1.521			0.000
14.Total Current Period Base			270.950			0.000
15.Prospective Rate: Line 11 x Inflation 1.09352305	50.724	230.710	281.434	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	50.724	230.710	281.434	0.000	0.000	0.000
19.Property Rate Component			12.065			0.000
20.ROE Component + ROE Interim Component *			1.521			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			295.02			0.00
23.Medicaid Days		2,130			0	
24.Resident Days		2,130			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			27.14			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			30.13			0.00
29.Plus: \$15 Wage Increase (.10389792333)			39.45			0.00
30.Final Per Diem After Adjustments			419.13			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

028569200 - 2022/07

RI: 338.01

NM: 591.30

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2020	6/30/2021	Unaudited Costs	202107
Prior Cost Report	7/1/2019	6/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	56.887	152.292	209.179	56.887	228.033	284.920
2.Inflate Line 1 by Inflation Factor 1.03304576 *	63.317	157.325	220.641	63.317	286.108	349.425
3.Line 1 X 1.4000 X Inflation Factor 1.04626406 *	64.069	159.338	223.406	64.069	289.122	353.191
4.Current Period Cost *	58.130	154.512	212.641	58.130	270.121	328.251
5.Incentive Basis (line 3 - line 4)	5.939	4.826		5.939	19.001	
6.Allowed Current Period Costs (Min of line 3 or 4)	58.130	154.512	212.641	58.130	270.121	328.251
7.Incentive Line 5 x Oper 50% Res 50%	2.970	2.413	5.382	2.970	9.500	12.470
8.Incentive - Line 4 x Oper 10% Res 3%	5.813	4.635	10.448	5.813	8.104	13.917
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.970	2.413	5.382	2.970	8.104	11.073
10.Final Incentive	2.970	2.413	5.382	2.970	8.104	11.073
11.Current Period Base: (line 6 + line 10)	61.099	156.925	218.024	61.099	278.225	339.324
12.Plus: Property Rate Component			19.676			19.676
13.Plus: ROE/Use Rate			1.542			1.542
14.Total Current Period Base			239.241			360.542
15.Prospective Rate: Line 11 x Inflation 1.09352305	66.813	171.601	238.414	66.813	304.245	371.059
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	35.180	35.180
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	66.813	171.601	238.414	66.813	339.425	406.239
19.Property Rate Component			19.676			19.676
20.ROE Component + ROE Interim Component *			1.542			1.542
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			259.63			427.46
23.Medicaid Days			0			2,190
24.Resident Days			0			2,190
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			24.16			38.29
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			26.83			42.51
29.Plus: \$15 Wage Increase (.10389792333)			0.00			55.65
30.Final Per Diem After Adjustments			338.01			591.30

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031256800 - 2022/07

RI: 524.89

NM: 757.04

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	105.213	235.535	340.748	105.213	314.994	420.207
2.Inflate Line 1 by Inflation Factor 1.02368791 *	107.705	241.114	348.819	134.645	342.516	477.160
3.Line 1 X 1.4000 X Inflation Factor 1.03316307 *	108.702	243.346	352.048	135.642	345.500	481.142
4.Current Period Cost *	107.829	236.216	344.045	128.034	330.358	458.392
5.Incentive Basis (line 3 - line 4)	0.873	7.130		7.608	15.142	
6.Allowed Current Period Costs (Min of line 3 or 4)	107.829	236.216	344.045	128.034	330.358	458.392
7.Incentive Line 5 x Oper 50% Res 50%	0.437	3.565	4.002	3.804	7.571	11.375
8.Incentive - Line 4 x Oper 10% Res 3%	10.783	7.086	17.869	12.803	9.911	22.714
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.437	3.565	4.002	3.804	7.571	11.375
10.Final Incentive	0.437	3.565	4.002	3.804	7.571	11.375
11.Current Period Base: (line 6 + line 10)	108.265	239.781	348.046	131.838	337.929	469.767
12.Plus: Property Rate Component			26.832			26.832
13.Plus: ROE/Use Rate			0.801			0.801
14.Total Current Period Base			375.679			497.400
15.Prospective Rate: Line 11 x Inflation 1.12251628	121.529	269.158	390.688	147.990	379.331	527.321
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.529	269.158	390.688	147.990	379.331	527.321
19.Property Rate Component			26.832			26.832
20.ROE Component + ROE Interim Component *			0.801			0.801
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			418.32			554.95
23.Medicaid Days			0			8,357
24.Resident Days			0			8,357
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			37.52			49.02
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			41.66			54.43
29.Plus: \$15 Wage Increase (.10389792333)			0.00			71.25
30.Final Per Diem After Adjustments			524.89			757.04

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031257600 - 2022/07

RI: 837.09

NM: 1061.95

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 05/01/2021 - 07/25/2021 Days Eligible: 279 of 365

Eligibility Factor : 76.44%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	94.323	213.808	308.130	94.323	291.235	385.557
2.Inflate Line 1 by Inflation Factor 1.02368791 *	97.517	264.472	361.989	97.517	453.583	551.100
3.Line 1 X 1.4000 X Inflation Factor 1.03316307 *	98.411	266.498	364.909	98.411	456.343	554.754
4.Current Period Cost *	103.152	275.258	378.410	103.152	434.097	537.249
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	22.246	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.411	266.498	364.909	98.411	434.097	532.508
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	11.123	11.123
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	13.023	13.023
9.Incentive - Min of Line 7,8 x Eligibility factor 76.44%	0.000	0.000	0.000	0.000	8.502	8.502
10.Final Incentive	0.000	0.000	0.000	0.000	8.502	8.502
11.Current Period Base: (line 6 + line 10)	98.411	266.498	364.909	98.411	442.599	541.010
12.Plus: Property Rate Component			17.681			17.681
13.Plus: ROE/Use Rate			0.755			0.755
14.Total Current Period Base			383.345			559.446
15.Prospective Rate: Line 11 x Inflation 1.12251628	110.468	299.149	409.616	110.468	496.825	607.292
16.Interim Rate Component: *	0.000	188.480	188.480	0.000	163.770	163.770
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.468	487.629	598.096	110.468	660.595	771.062
19.Property Rate Component			17.681			17.681
20.ROE Component + ROE Interim Component *			0.755			0.755
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			616.53			789.50
23.Medicaid Days		1,458			6,736	
24.Resident Days		1,458			6,736	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			54.20			68.76
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			60.18			76.35
29.Plus: \$15 Wage Increase (.10389792333)			78.79			99.95
30.Final Per Diem After Adjustments			837.09			1061.95

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031258400 - 2022/07

RI: 563.47

NM: 694.84

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	141.030	202.490	343.521	141.030	291.170	432.201
2.Inflate Line 1 by Inflation Factor 1.03941274	146.589	210.471	357.060	146.589	302.646	449.235
3.Line 1 X 1.4000 X Inflation Factor 1.05517784	148.812	213.663	362.475	148.812	307.237	456.049
4.Current Period Cost	126.106	260.469	386.575	126.106	336.365	462.471
5.Incentive Basis (line 3 - line 4)	22.707	0.000		22.707	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.106	213.663	339.769	126.106	307.237	433.342
7.Incentive Line 5 x Oper 50% Res 50%	11.353	0.000	11.353	11.353	0.000	11.353
8.Incentive - Line 4 x Oper 10% Res 3%	12.611	0.000	12.611	12.611	0.000	12.611
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	11.353	0.000	11.353	11.353	0.000	11.353
10.Final Incentive	11.353	0.000	11.353	11.353	0.000	11.353
11.Current Period Base: (line 6 + line 10)	137.459	213.663	351.122	137.459	307.237	444.695
12.Plus: Property Rate Component			25.832			25.832
13.Plus: ROE/Use Rate			1.027			1.027
14.Total Current Period Base			377.980			471.554
15.Prospective Rate: Line 11 x Inflation 1.07995239	148.449	230.746	379.195	148.449	331.801	480.250
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	148.449	230.746	379.195	148.449	331.801	480.250
19.Property Rate Component			25.832			25.832
20.ROE Component + ROE Interim Component			1.027			1.027
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			406.05			507.11
23.Medicaid Days		430			8,179	
24.Resident Days		430			8,179	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			36.49			44.99
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			40.51			49.95
29.Plus: \$15 Wage Increase (.10389792333)			53.03			65.40
30.Final Per Diem After Adjustments			563.47			694.84



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031259200 - 2022/07

RI: 616.57

NM: 757.79

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.966	215.215	322.180	106.966	308.884	415.849
2.Inflate Line 1 by Inflation Factor 1.02368791	109.499	220.313	329.812	109.499	316.201	425.700
3.Line 1 X 1.4000 X Inflation Factor 1.03316307	110.513	222.352	332.865	110.513	319.127	429.640
4.Current Period Cost	116.685	228.218	344.902	116.685	330.820	447.505
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.513	222.352	332.865	110.513	319.127	429.640
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	110.513	222.352	332.865	110.513	319.127	429.640
12.Plus: Property Rate Component			22.313			22.313
13.Plus: ROE/Use Rate			0.999			0.999
14.Total Current Period Base			356.177			452.952
15.Prospective Rate: Line 11 x Inflation 1.12251628	124.053	249.593	373.646	124.053	358.226	482.278
16.Interim Rate Component: *	0.000	49.940	49.940	0.000	49.940	49.940
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	124.053	299.533	423.586	124.053	408.166	532.218
19.Property Rate Component			22.313			22.313
20.ROE Component + ROE Interim Component *			0.999			0.999
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			446.90			555.53
23.Medicaid Days			732			7,714
24.Resident Days			732			7,714
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.92			49.07
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			44.33			54.48
29.Plus: \$15 Wage Increase (.10389792333)			58.03			71.32
30.Final Per Diem After Adjustments			616.57			757.79

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031260600 - 2022/07

RI: 539.88

NM: 672.22

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	101.028	204.815	305.843	101.028	287.033	388.061
2.Inflate Line 1 by Inflation Factor 1.06403426 *	107.497	242.331	349.827	107.497	329.813	437.310
3.Line 1 X 1.4000 X Inflation Factor 1.08964796 *	110.084	247.577	357.661	110.084	337.165	447.249
4.Current Period Cost *	122.645	218.383	341.029	122.645	309.898	432.544
5.Incentive Basis (line 3 - line 4)	0.000	29.194		0.000	27.267	
6.Allowed Current Period Costs (Min of line 3 or 4)	110.084	218.383	328.468	110.084	309.898	419.983
7.Incentive Line 5 x Oper 50% Res 50%	0.000	14.597	14.597	0.000	13.633	13.633
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.551	6.551	0.000	9.297	9.297
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.551	6.551	0.000	9.297	9.297
10.Final Incentive	0.000	6.551	6.551	0.000	9.297	9.297
11.Current Period Base: (line 6 + line 10)	110.084	224.935	335.019	110.084	319.195	429.280
12.Plus: Property Rate Component			24.810			24.810
13.Plus: ROE/Use Rate			1.292			1.292
14.Total Current Period Base			361.121			455.382
15.Prospective Rate: Line 11 x Inflation 1.07995239	118.886	242.919	361.805	118.886	344.716	463.602
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	118.886	242.919	361.805	118.886	344.716	463.602
19.Property Rate Component			24.810			24.810
20.ROE Component + ROE Interim Component *			1.292			1.292
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			387.91			489.70
23.Medicaid Days			2,166			6,314
24.Resident Days			2,166			6,314
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			34.96			43.53
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			38.81			48.33
29.Plus: \$15 Wage Increase (.10389792333)			50.81			63.27
30.Final Per Diem After Adjustments			539.88			672.22

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031261400 - 2022/07

RI: 603.97

NM: 800.94

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2018	9/30/2019	Unaudited Costs	202007
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	121.088	235.581	356.669	121.088	327.258	448.346
2.Inflate Line 1 by Inflation Factor 1.02460390	124.067	241.377	365.444	124.067	335.310	459.377
3.Line 1 X 1.4000 X Inflation Factor 1.03444546	125.259	243.696	368.955	125.259	338.531	463.790
4.Current Period Cost	106.035	266.122	372.157	106.035	358.862	464.897
5.Incentive Basis (line 3 - line 4)	19.224	0.000		19.224	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.035	243.696	349.731	106.035	338.531	444.566
7.Incentive Line 5 x Oper 50% Res 50%	9.612	0.000	9.612	9.612	0.000	9.612
8.Incentive - Line 4 x Oper 10% Res 3%	10.604	0.000	10.604	10.604	0.000	10.604
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.612	0.000	9.612	9.612	0.000	9.612
10.Final Incentive	9.612	0.000	9.612	9.612	0.000	9.612
11.Current Period Base: (line 6 + line 10)	115.647	243.696	359.343	115.647	338.531	454.178
12.Plus: Property Rate Component			20.679			20.679
13.Plus: ROE/Use Rate			3.606			3.606
14.Total Current Period Base			383.627			478.462
15.Prospective Rate: Line 11 x Inflation 1.14910635	132.891	280.032	412.923	132.891	389.008	521.899
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	42.540	42.540
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.891	280.032	412.923	132.891	431.548	564.439
19.Property Rate Component			20.679			20.679
20.ROE Component + ROE Interim Component *			3.606			3.606
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			437.21			588.72
23.Medicaid Days		162			7,523	
24.Resident Days		162			7,523	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			39.11			51.86
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			43.42			57.58
29.Plus: \$15 Wage Increase (.10389792333)			56.85			75.38
30.Final Per Diem After Adjustments			603.97			800.94

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031262200 - 2022/07

RI: 469.94

NM: 561.75

Barranger Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	59.577	193.339	252.917	59.408	250.233	309.641
2.Inflate Line 1 by Inflation Factor 1.03941274 *	61.925	244.399	306.325	61.749	318.016	379.765
3.Line 1 X 1.4000 X Inflation Factor 1.05517784 *	62.865	247.447	310.312	62.686	321.961	384.646
4.Current Period Cost *	71.512	211.685	283.197	71.512	275.347	346.860
5.Incentive Basis (line 3 - line 4)	0.000	35.762		0.000	46.613	
6.Allowed Current Period Costs (Min of line 3 or 4)	62.865	211.685	274.549	62.686	275.347	338.033
7.Incentive Line 5 x Oper 50% Res 50%	0.000	17.881	17.881	0.000	23.307	23.307
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.351	6.351	0.000	8.260	8.260
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.351	6.351	0.000	8.260	8.260
10.Final Incentive	0.000	6.351	6.351	0.000	8.260	8.260
11.Current Period Base: (line 6 + line 10)	62.865	218.035	280.900	62.686	283.608	346.293
12.Plus: Property Rate Component			30.748			30.748
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			311.648			377.042
15.Prospective Rate: Line 11 x Inflation 1.07995239	67.891	235.468	303.359	67.697	306.283	373.980
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	67.891	235.468	303.359	67.697	306.283	373.980
19.Property Rate Component			30.748			30.748
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			334.11			404.73
23.Medicaid Days			1,825			365
24.Resident Days			1,825			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			30.43			36.37
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			33.79			40.39
29.Plus: \$15 Wage Increase (.10389792333)			44.23			52.87
30.Final Per Diem After Adjustments			469.94			561.75

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031263100 - 2022/07

RI: 391.81

NM: 0.00

Greenridge Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.240	145.339	189.580	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.04887463	46.402	152.443	198.845	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.06842448	47.267	155.284	202.551	0.000	0.000	0.000
4.Current Period Cost	51.904	153.454	205.359	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	1.830		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.267	153.454	200.722	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.915	0.915	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.604	4.604	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.915	0.915	0.000	0.000	0.000
10.Final Incentive	0.000	0.915	0.915	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.267	154.369	201.637	0.000	0.000	0.000
12.Plus: Property Rate Component			22.772			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			224.409			0.000
15.Prospective Rate: Line 11 x Inflation 1.12251628	53.058	173.282	226.340	0.000	0.000	0.000
16.Interim Rate Component: *	0.000	24.890	24.890	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.058	198.172	251.230	0.000	0.000	0.000
19.Property Rate Component			22.772			0.000
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			274.00			0.00
23.Medicaid Days			1,965			0
24.Resident Days			1,965			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$27.39)			27.39			0.00
27.Plus: Buy Back - QAF (.084188515)			25.37			0.00
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			28.17			0.00
29.Plus: \$15 Wage Increase (.10389792333)			36.88			0.00
30.Final Per Diem After Adjustments			391.81			0.00

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031264900 - 2022/07

RI: 596.98

NM: 723.68

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2017	9/30/2018	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	113.381	202.005	315.386	113.381	276.791	390.172
2.Inflate Line 1 by Inflation Factor 1.04887463	118.922	211.878	330.800	118.922	290.319	409.241
3.Line 1 X 1.4000 X Inflation Factor 1.06842448	121.139	215.827	336.966	121.139	295.730	416.869
4.Current Period Cost	105.205	203.965	309.170	105.205	282.072	387.277
5.Incentive Basis (line 3 - line 4)	15.934	11.862		15.934	13.658	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.205	203.965	309.170	105.205	282.072	387.277
7.Incentive Line 5 x Oper 50% Res 50%	7.967	5.931	13.898	7.967	6.829	14.796
8.Incentive - Line 4 x Oper 10% Res 3%	10.520	6.119	16.639	10.520	8.462	18.983
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.967	5.931	13.898	7.967	6.829	14.796
10.Final Incentive	7.967	5.931	13.898	7.967	6.829	14.796
11.Current Period Base: (line 6 + line 10)	113.172	209.896	323.068	113.172	288.901	402.073
12.Plus: Property Rate Component			23.278			23.278
13.Plus: ROE/Use Rate			1.025			1.025
14.Total Current Period Base			347.371			426.376
15.Prospective Rate: Line 11 x Inflation 1.12251628	127.037	235.612	362.649	127.037	324.296	451.334
16.Interim Rate Component: *	0.000	44.880	44.880	0.000	53.650	53.650
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.037	280.492	407.529	127.037	377.946	504.984
19.Property Rate Component			23.278			23.278
20.ROE Component + ROE Interim Component *			1.025			1.025
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			431.83			529.29
23.Medicaid Days		227			8,364	
24.Resident Days		227			8,364	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			38.66			46.86
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			42.92			52.03
29.Plus: \$15 Wage Increase (.10389792333)			56.19			68.11
30.Final Per Diem After Adjustments			596.98			723.68

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031265700 - 2022/07

RI: 518.10

NM: 592.33

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base: *	71.183	214.831	286.014	73.474	269.825	343.299
2.Inflate Line 1 by Inflation Factor 1.06403426 *	75.741	237.737	313.478	78.179	296.253	374.432
3.Line 1 X 1.4000 X Inflation Factor 1.08964796 *	77.565	243.240	320.804	80.061	303.164	383.225
4.Current Period Cost *	88.432	220.579	309.010	88.432	269.493	357.924
5.Incentive Basis (line 3 - line 4)	0.000	22.661		0.000	33.672	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.565	220.579	298.143	80.061	269.493	349.553
7.Incentive Line 5 x Oper 50% Res 50%	0.000	11.330	11.330	0.000	16.836	16.836
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.617	6.617	0.000	8.085	8.085
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.617	6.617	0.000	8.085	8.085
10.Final Incentive	0.000	6.617	6.617	0.000	8.085	8.085
11.Current Period Base: (line 6 + line 10)	77.565	227.196	304.761	80.061	277.577	357.638
12.Plus: Property Rate Component			42.023			42.023
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			346.783			399.661
15.Prospective Rate: Line 11 x Inflation 1.07995239	83.766	245.361	329.127	86.462	299.770	386.232
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	83.766	245.361	329.127	86.462	299.770	386.232
19.Property Rate Component			42.023			42.023
20.ROE Component + ROE Interim Component *			0.000			0.000
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			371.15			428.25
23.Medicaid Days			730			1,089
24.Resident Days			730			1,089
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			33.55			38.36
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			37.25			42.58
29.Plus: \$15 Wage Increase (.10389792333)			48.76			55.75
30.Final Per Diem After Adjustments			518.10			592.33

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031266500 - 2022/07

RI: 385.35

NM: 456.76

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2020	9/30/2021	Unaudited Costs	202107
Prior Cost Report	10/1/2019	9/30/2020	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	58.718	149.289	208.007	58.888	223.246	282.134
2.Inflate Line 1 by Inflation Factor 1.03941274	61.033	155.173	216.205	61.209	232.045	293.254
3.Line 1 X 1.4000 X Inflation Factor 1.05517784	61.958	157.526	219.484	62.137	235.564	297.702
4.Current Period Cost	68.123	161.567	229.689	68.123	202.142	270.265
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	33.423	
6.Allowed Current Period Costs (Min of line 3 or 4)	61.958	157.526	219.484	62.137	202.142	264.279
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	16.711	16.711
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	6.064	6.064
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	6.064	6.064
10.Final Incentive	0.000	0.000	0.000	0.000	6.064	6.064
11.Current Period Base: (line 6 + line 10)	61.958	157.526	219.484	62.137	208.206	270.343
12.Plus: Property Rate Component			32.006			32.006
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			251.490			302.349
15.Prospective Rate: Line 11 x Inflation 1.07995239	66.912	170.121	237.033	67.105	224.853	291.958
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	66.912	170.121	237.033	67.105	224.853	291.958
19.Property Rate Component			32.006			32.006
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			269.04			323.96
23.Medicaid Days			1,642			416
24.Resident Days			1,642			416
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$27.39)			27.39			27.39
27.Plus: Buy Back - QAF (.084188515)			24.95			29.58
28.Plus: Restore 7/2021 Rate Reduction (.086204403)			27.70			32.84
29.Plus: \$15 Wage Increase (.10389792333)			36.27			42.99
30.Final Per Diem After Adjustments			385.35			456.76



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2022 through 06/30/2023

031267300 - 2022/07

RI: 597.45

NM: 839.03

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2021 - 04/30/2022 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2019	9/30/2020	Unaudited Costs	202007
Prior Cost Report	10/1/2018	9/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	89.314	207.981	297.295	89.314	289.904	379.217
2. Inflate Line 1 by Inflation Factor 1.02368791 *	106.030	250.227	356.257	106.030	415.001	521.030
3. Line 1 X 1.4000 X Inflation Factor 1.03316307 *	106.876	252.198	359.074	106.876	417.748	524.623
4. Current Period Cost *	122.743	273.984	396.727	122.743	435.681	558.424
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	106.876	252.198	359.074	106.876	417.748	524.623
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	106.876	252.198	359.074	106.876	417.748	524.623
12. Plus: Property Rate Component			27.559			27.559
13. Plus: ROE/Use Rate			1.566			1.566
14. Total Current Period Base			388.199			553.748
15. Prospective Rate: Line 11 x Inflation 1.12251628	119.970	283.096	403.066	119.970	468.928	588.898
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	119.970	283.096	403.066	119.970	468.928	588.898
19. Property Rate Component			27.559			27.559
20. ROE Component + ROE Interim Component *			1.566			1.566
21. Plus: Property Interim Rate Component *			0.000			0.000
22. Final Per Diem			432.19			618.02
23. Medicaid Days			1,279			6,181
24. Resident Days			1,279			6,181
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (\$27.39)			27.39			27.39
27. Plus: Buy Back - QAF (.084188515)			38.69			54.33
28. Plus: Restore 7/2021 Rate Reduction (.086204403)			42.95			60.32
29. Plus: \$15 Wage Increase (.10389792333)			56.23			78.97
30. Final Per Diem After Adjustments			597.45			839.03

* See Attachment