



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028003800 - 2023/07

RI: 465.78

NM: 654.97

Sunland Marianna I

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	79.971	340.403	420.374	79.971	511.704	591.675
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)	79.971	340.403	420.374	79.971	511.704	591.675
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)	79.971	340.403	420.374	79.971	511.704	591.675
12.Plus: Property Rate Component			1.507			1.507
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			421.881			593.182
15.Prospective Rate: Line 11 x Inflation 1.10443554	88.323	375.953	464.276	88.323	565.144	653.467
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	88.323	375.953	464.276	88.323	565.144	653.467
19.Property Rate Component			1.507			1.507
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			465.78			654.97
23.Medicaid Days		11,445			7,028	
24.Resident Days		11,485			7,028	
25.Medicaid Utilization		99.65%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			465.78			654.97



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2023/07

RI: 419.61

NM: 591.75

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Tacachale Facility I

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	89.828	289.430	379.258	89.828	445.293	535.121
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)	89.828	289.430	379.258	89.828	445.293	535.121
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)	89.828	289.430	379.258	89.828	445.293	535.121
12.Plus: Property Rate Component			0.747			0.747
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			380.005			535.868
15.Prospective Rate: Line 11 x Inflation 1.10443554	99.209	319.657	418.866	99.209	491.798	591.006
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	99.209	319.657	418.866	99.209	491.798	591.006
19.Property Rate Component			0.747			0.747
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			419.61			591.75
23.Medicaid Days			5,114			12,831
24.Resident Days			5,114			13,043
25.Medicaid Utilization			100.00%			98.37%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			419.61			591.75



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028006200 - 2023/07

RI: 432.47

NM: 582.87

Tacachale Facility II

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	91.824	298.984	390.807	91.824	435.160	526.984
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)	91.824	298.984	390.807	91.824	435.160	526.984
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)	91.824	298.984	390.807	91.824	435.160	526.984
12.Plus: Property Rate Component			0.849			0.849
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			391.657			527.833
15.Prospective Rate: Line 11 x Inflation 1.10443554	101.413	330.208	431.621	101.413	480.606	582.019
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	101.413	330.208	431.621	101.413	480.606	582.019
19.Property Rate Component			0.849			0.849
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			432.47			582.87
23.Medicaid Days			7,572			11,725
24.Resident Days			7,572			11,790
25.Medicaid Utilization			100.00%			99.45%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			432.47			582.87



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028009700 - 2023/07

RI: 719.59

NM: 1109.85

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	120.008	529.592	649.600	120.008	882.954	1002.961
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)	120.008	529.592	649.600	120.008	882.954	1002.961
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)	120.008	529.592	649.600	120.008	882.954	1002.961
12.Plus: Property Rate Component			2.148			2.148
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			651.748			1005.109
15.Prospective Rate: Line 11 x Inflation 1.10443554	132.541	584.901	717.442	132.541	975.165	1107.706
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	132.541	584.901	717.442	132.541	975.165	1107.706
19.Property Rate Component			2.148			2.148
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			719.59			1109.85
23.Medicaid Days			21,938			1,779
24.Resident Days			22,816			1,779
25.Medicaid Utilization			96.15%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			719.59			1109.85



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028015100 - 2023/07

RI: 474.92

NM: 695.68

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	95.380	333.953	429.333	95.380	533.837	629.217
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)	95.380	333.953	429.333	95.380	533.837	629.217
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)	95.380	333.953	429.333	95.380	533.837	629.217
12.Plus: Property Rate Component			0.745			0.745
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			430.079			629.963
15.Prospective Rate: Line 11 x Inflation 1.10443554	105.342	368.829	474.171	105.342	589.588	694.930
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	105.342	368.829	474.171	105.342	589.588	694.930
19.Property Rate Component			0.745			0.745
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			474.92			695.68
23.Medicaid Days			8,341			5,110
24.Resident Days			8,341			5,110
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			474.92			695.68



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2023/07

RI: 428.50

NM: 585.32

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Sunland Marianna III

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	80.819	305.662	386.481	80.819	447.658	528.477
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)	80.819	305.662	386.481	80.819	447.658	528.477
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)	80.819	305.662	386.481	80.819	447.658	528.477
12.Plus: Property Rate Component			1.652			1.652
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			388.133			530.129
15.Prospective Rate: Line 11 x Inflation 1.10443554	89.260	337.584	426.844	89.260	494.409	583.669
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	89.260	337.584	426.844	89.260	494.409	583.669
19.Property Rate Component			1.652			1.652
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			428.50			585.32
23.Medicaid Days			4,745			6,205
24.Resident Days			5,482			6,205
25.Medicaid Utilization			86.56%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			428.50			585.32



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028024100 - 2023/07

RI: 449.97

NM: 643.22

Tacachale Facility V

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	81.073	325.753	406.826	81.073	500.731	581.804
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)	81.073	325.753	406.826	81.073	500.731	581.804
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)	81.073	325.753	406.826	81.073	500.731	581.804
12.Plus: Property Rate Component			0.653			0.653
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			407.479			582.457
15.Prospective Rate: Line 11 x Inflation 1.10443554	89.540	359.773	449.313	89.540	553.026	642.565
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	89.540	359.773	449.313	89.540	553.026	642.565
19.Property Rate Component			0.653			0.653
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			449.97			643.22
23.Medicaid Days		11,343			3,148	
24.Resident Days		11,366			3,174	
25.Medicaid Utilization		99.80%			99.18%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			449.97			643.22



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

028026700 - 2023/07

RI: 405.63

NM: 519.86

Tacachale Facility VII

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	75.101	291.655	366.756	75.101	395.084	470.185
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)	75.101	291.655	366.756	75.101	395.084	470.185
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)	75.101	291.655	366.756	75.101	395.084	470.185
12.Plus: Property Rate Component			0.571			0.571
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			367.327			470.756
15.Prospective Rate: Line 11 x Inflation 1.10443554	82.944	322.115	405.058	82.944	436.345	519.289
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	82.944	322.115	405.058	82.944	436.345	519.289
19.Property Rate Component			0.571			0.571
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			405.63			519.86
23.Medicaid Days			0			10,616
24.Resident Days			0			10,884
25.Medicaid Utilization			0.00%			97.54%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			405.63			519.86



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028055100 - 2023/07

RI: 535.44

NM: 778.98

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Tacachale Facility VIII

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	107.481	376.589	484.070	107.481	597.097	704.578
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)	107.481	376.589	484.070	107.481	597.097	704.578
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)	107.481	376.589	484.070	107.481	597.097	704.578
12.Plus: Property Rate Component			0.817			0.817
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			484.886			705.395
15.Prospective Rate: Line 11 x Inflation 1.10443554	118.706	415.918	534.624	118.706	659.455	778.161
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	118.706	415.918	534.624	118.706	659.455	778.161
19.Property Rate Component			0.817			0.817
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			535.44			778.98
23.Medicaid Days		12,974			6,539	
24.Resident Days		12,976			6,556	
25.Medicaid Utilization		99.98%			99.74%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			535.44			778.98



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2023/07

RI: 432.42

NM: 558.78

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	80.036	309.943	389.979	80.036	424.355	504.390
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)	80.036	309.943	389.979	80.036	424.355	504.390
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)	80.036	309.943	389.979	80.036	424.355	504.390
12.Plus: Property Rate Component			1.717			1.717
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			391.696			506.107
15.Prospective Rate: Line 11 x Inflation 1.10443554	88.394	342.313	430.707	88.394	468.673	557.067
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	88.394	342.313	430.707	88.394	468.673	557.067
19.Property Rate Component			1.717			1.717
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			432.42			558.78
23.Medicaid Days			1,672			3,497
24.Resident Days			1,672			3,497
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			432.42			558.78



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2023/07

RI: 477.58

NM: 690.02

ICF/IID Calculation Sheet

Rates Effective 07/01/2023 through 06/30/2024

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2022 - 04/30/2023 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	6/30/2022	Unaudited Costs	202207
Prior Cost Report	7/1/2020	6/30/2021	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 1.05754619	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.08056467	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	88.636	342.724	431.360	88.636	535.081	623.717
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)	88.636	342.724	431.360	88.636	535.081	623.717
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)	88.636	342.724	431.360	88.636	535.081	623.717
12.Plus: Property Rate Component			1.168			1.168
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			432.528			624.885
15.Prospective Rate: Line 11 x Inflation 1.10443554	97.892	378.516	476.409	97.892	590.962	688.855
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	97.892	378.516	476.409	97.892	590.962	688.855
19.Property Rate Component			1.168			1.168
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			477.58			690.02
23.Medicaid Days			702			7,973
24.Resident Days			702			8,044
25.Medicaid Utilization			100.00%			99.12%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			477.58			690.02