



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

000169300 - 2024/07

RI: 348.90

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2022	11/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	12/1/2021	11/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.187	161.731	221.919	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	60.187	161.731	221.919	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	60.187	161.731	221.919	0.000	0.000	0.000
4.Current Period Cost	71.001	173.674	244.676	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	71.001	173.674	244.676	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)	71.001	173.674	244.676	0.000	0.000	0.000
12.Plus: Property Rate Component			14.864			0.000
13.Plus: ROE/Use Rate			5.623			0.000
14.Total Current Period Base			265.162			0.000
15.Prospective Rate: Line 11 x Inflation 1.05369606	74.814	183.000	257.814	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	74.814	183.000	257.814	0.000	0.000	0.000
19.Property Rate Component			14.864			0.000
20.ROE Component + ROE Interim Component			5.623			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>278.30</b>			<b>0.00</b>
23.Medicaid Days			21,593			0
24.Resident Days			21,593			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			28.47			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>348.90</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2024/07

RI: 628.08

NM: 749.57

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Miner North

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2022	5/31/2023	Unaudited Costs	202307
Prior Cost Report	6/1/2021	5/31/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	135.511	198.418	333.929	135.511	279.545	415.056
2.Inflate Line 1 by Inflation Factor 1.06629505	144.495	211.572	356.067	144.495	298.077	442.572
3.Line 1 X 1.4000 X Inflation Factor 1.09281307	148.089	216.833	364.922	148.089	305.490	453.578
4.Current Period Cost	180.083	249.958	430.041	180.083	346.319	526.402
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	148.089	216.833	364.922	148.089	305.490	453.578
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)	148.089	216.833	364.922	148.089	305.490	453.578
12.Plus: Property Rate Component			51.587			51.587
13.Plus: ROE/Use Rate			6.995			6.995
14.Total Current Period Base			423.503			512.160
15.Prospective Rate: Line 11 x Inflation 1.07825850	159.678	233.802	393.480	159.678	329.397	489.075
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	159.678	233.802	393.480	159.678	329.397	489.075
19.Property Rate Component			51.587			51.587
20.ROE Component + ROE Interim Component			6.995			6.995
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>452.06</b>			<b>547.66</b>
23.Medicaid Days		0			8,427	
24.Resident Days		0			8,427	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.91			52.41
28.Plus: \$15 Wage Increase			45.26			54.02
29.Plus: Restore 7-2021 Reduction			44.71			53.36
<b>30.Final Per Diem After Adjustments</b>			<b>628.08</b>			<b>749.57</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2024/07

RI: 662.43

NM: 793.14

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Miner South

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2022	5/31/2023	Unaudited Costs	202307
Prior Cost Report	6/1/2021	5/31/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	132.197	219.229	351.426	132.197	306.509	438.706
2.Inflate Line 1 by Inflation Factor 1.06629505	140.961	233.762	374.724	140.961	326.828	467.790
3.Line 1 X 1.4000 X Inflation Factor 1.09281307	144.467	239.576	384.043	144.467	334.956	479.424
4.Current Period Cost	189.055	256.864	445.919	189.055	356.930	545.985
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	144.467	239.576	384.043	144.467	334.956	479.424
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)	144.467	239.576	384.043	144.467	334.956	479.424
12.Plus: Property Rate Component			56.790			56.790
13.Plus: ROE/Use Rate			8.206			8.206
14.Total Current Period Base			449.039			544.419
15.Prospective Rate: Line 11 x Inflation 1.07825850	155.773	258.325	414.098	155.773	361.170	516.943
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	155.773	258.325	414.098	155.773	361.170	516.943
19.Property Rate Component			56.790			56.790
20.ROE Component + ROE Interim Component			8.206			8.206
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>479.09</b>			<b>581.94</b>
23.Medicaid Days			1,369			6,303
24.Resident Days			1,369			6,303
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			46.32			55.46
28.Plus: \$15 Wage Increase			47.74			57.16
29.Plus: Restore 7-2021 Reduction			47.15			56.46
<b>30.Final Per Diem After Adjustments</b>			<b>662.43</b>			<b>793.14</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0101963600 - 2024/07

RI: 565.05

NM: 784.15

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	2/1/2021	1/31/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	124.387	256.810	381.197	124.387	400.502	524.889
2.Inflate Line 1 by Inflation Factor 1.00000000	124.387	256.810	381.197	124.387	400.502	524.889
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	124.387	256.810	381.197	124.387	400.502	524.889
4.Current Period Cost	123.458	300.481	423.939	123.458	490.099	613.557
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	123.458	300.481	423.939	123.458	490.099	613.557
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)	123.458	300.481	423.939	123.458	490.099	613.557
12.Plus: Property Rate Component			26.340			26.340
13.Plus: ROE/Use Rate			0.602			0.602
14.Total Current Period Base			450.880			640.498
15.Prospective Rate: Line 11 x Inflation 1.06116649	131.009	318.861	449.870	131.009	520.077	651.086
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	131.009	318.861	449.870	131.009	520.077	651.086
19.Property Rate Component			26.340			26.340
20.ROE Component + ROE Interim Component			0.602			0.602
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>476.81</b>			<b>678.03</b>
23.Medicaid Days			11,358			5,669
24.Resident Days			11,358			5,669
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			46.11			63.99
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>565.05</b>			<b>784.15</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0107650900 - 2024/07

RI: 667.57

NM: 874.60

Sunrise Community, Inc. - Log Cabin

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.226	277.911	382.137	104.226	398.171	502.396
2.Inflate Line 1 by Inflation Factor 1.00000000	104.226	277.911	382.137	104.226	398.171	502.396
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	104.226	277.911	382.137	104.226	398.171	502.396
4.Current Period Cost	140.272	365.313	505.586	140.272	542.405	682.677
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	140.272	365.313	505.586	140.272	542.405	682.677
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)	140.272	365.313	505.586	140.272	542.405	682.677
12.Plus: Property Rate Component			22.257			22.257
13.Plus: ROE/Use Rate			5.873			5.873
14.Total Current Period Base			533.716			710.807
15.Prospective Rate: Line 11 x Inflation 1.07365911	150.605	392.222	542.827	150.605	582.358	732.962
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	150.605	392.222	542.827	150.605	582.358	732.962
19.Property Rate Component			22.257			22.257
20.ROE Component + ROE Interim Component			5.873			5.873
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>570.96</b>			<b>761.09</b>
23.Medicaid Days			23,489			17,084
24.Resident Days			23,606			18,760
25.Medicaid Utilization			99.50%			91.07%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			54.48			71.37
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>667.57</b>			<b>874.60</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0108357500 - 2024/07

RI: 586.80

NM: 827.44

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Pensacola Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/23/2020	6/30/2022	Unaudited Costs	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	106.040	237.502	343.542	106.040	400.516	506.556
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	106.040	237.502	343.542	106.040	400.516	506.556
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)	106.040	237.502	343.542	106.040	400.516	506.556
12.Plus: Property Rate Component			19.067			19.067
13.Plus: ROE/Use Rate			1.476			1.476
14.Total Current Period Base			364.086			527.100
15.Prospective Rate: Line 11 x Inflation 1.16154186	123.170	275.869	399.039	123.170	465.216	588.386
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	123.170	275.869	399.039	123.170	465.216	588.386
19.Property Rate Component			19.067			19.067
20.ROE Component + ROE Interim Component			1.476			1.476
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>419.58</b>			<b>608.93</b>
23.Medicaid Days			17,201			15,241
24.Resident Days			17,201			15,241
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			41.03			57.85
28.Plus: \$15 Wage Increase			42.29			59.63
29.Plus: Restore 7-2021 Reduction			41.77			58.90
<b>30.Final Per Diem After Adjustments</b>			<b>586.80</b>			<b>827.44</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0108358400 - 2024/07

RI: 542.66

NM: 728.73

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	12/23/2020	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	143.016	263.206	406.222	143.016	429.681	572.697
2.Inflate Line 1 by Inflation Factor 1.00000000	143.016	263.206	406.222	143.016	429.681	572.697
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	143.016	263.206	406.222	143.016	429.681	572.697
4.Current Period Cost	118.487	276.108	394.595	118.487	436.171	554.658
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	118.487	276.108	394.595	118.487	436.171	554.658
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)	118.487	276.108	394.595	118.487	436.171	554.658
12.Plus: Property Rate Component			31.060			31.060
13.Plus: ROE/Use Rate			3.907			3.907
14.Total Current Period Base			429.563			589.625
15.Prospective Rate: Line 11 x Inflation 1.06761424	126.499	294.777	421.276	126.499	465.662	592.161
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	126.499	294.777	421.276	126.499	465.662	592.161
19.Property Rate Component			31.060			31.060
20.ROE Component + ROE Interim Component			3.907			3.907
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>456.24</b>			<b>627.13</b>
23.Medicaid Days			6,030			21,930
24.Resident Days			6,030			21,930
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.29			59.47
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>542.66</b>			<b>728.73</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0108358800 - 2024/07

RI: 655.77

NM: 908.49

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Ineligible from 05/24/2023 - 08/21/2023 Days Eligible: 276 of 366

Eligibility Factor : 75.41%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	12/30/2020	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	183.420	311.938	495.359	183.420	500.245	683.665
2.Inflate Line 1 by Inflation Factor 1.00000000	183.420	311.938	495.359	183.420	500.245	683.665
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	183.420	311.938	495.359	183.420	500.245	683.665
4.Current Period Cost	142.882	336.124	479.005	142.882	553.521	696.402
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	142.882	336.124	479.005	142.882	553.521	696.402
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 75.41%	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)	142.882	336.124	479.005	142.882	553.521	696.402
12.Plus: Property Rate Component			42.936			42.936
13.Plus: ROE/Use Rate			5.798			5.798
14.Total Current Period Base			527.739			745.135
15.Prospective Rate: Line 11 x Inflation 1.06761424	152.542	358.851	511.393	152.542	590.946	743.489
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	152.542	358.851	511.393	152.542	590.946	743.489
19.Property Rate Component			42.936			42.936
20.ROE Component + ROE Interim Component			5.798			5.798
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>560.13</b>			<b>792.22</b>
23.Medicaid Days			11,291			13,485
24.Resident Days			11,291			13,485
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			53.52			74.14
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>655.77</b>			<b>908.49</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0108358900 - 2024/07

RI: 727.57

NM: 859.05

**Ft. Walton Beach Developmental Ctr.**

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	12/23/2020	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	184.736	241.969	426.704	184.736	372.660	557.395
2.Inflate Line 1 by Inflation Factor 1.00000000	184.736	241.969	426.704	184.736	372.660	557.395
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	184.736	241.969	426.704	184.736	372.660	557.395
4.Current Period Cost	153.788	384.197	537.984	153.788	497.305	651.093
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	153.788	384.197	537.984	153.788	497.305	651.093
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)	153.788	384.197	537.984	153.788	497.305	651.093
12.Plus: Property Rate Component			47.126			47.126
13.Plus: ROE/Use Rate			4.574			4.574
14.Total Current Period Base			589.685			702.793
15.Prospective Rate: Line 11 x Inflation 1.06761424	164.186	410.174	574.360	164.186	530.930	695.116
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	164.186	410.174	574.360	164.186	530.930	695.116
19.Property Rate Component			47.126			47.126
20.ROE Component + ROE Interim Component			4.574			4.574
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>626.06</b>			<b>746.82</b>
23.Medicaid Days			8,298			18,109
24.Resident Days			8,298			18,109
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			59.38			70.11
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>727.57</b>			<b>859.05</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0108366100 - 2024/07

RI: 587.79

NM: 744.50

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	12/23/2020	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	157.253	254.480	411.733	157.253	399.513	556.766
2.Inflate Line 1 by Inflation Factor 1.00000000	157.253	254.480	411.733	157.253	399.513	556.766
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	157.253	254.480	411.733	157.253	399.513	556.766
4.Current Period Cost	132.086	283.550	415.636	132.086	418.360	550.446
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	132.086	283.550	415.636	132.086	418.360	550.446
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)	132.086	283.550	415.636	132.086	418.360	550.446
12.Plus: Property Rate Component			48.576			48.576
13.Plus: ROE/Use Rate			5.375			5.375
14.Total Current Period Base			469.587			604.397
15.Prospective Rate: Line 11 x Inflation 1.06761424	141.017	302.722	443.739	141.017	446.647	587.664
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	141.017	302.722	443.739	141.017	446.647	587.664
19.Property Rate Component			48.576			48.576
20.ROE Component + ROE Interim Component			5.375			5.375
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>497.69</b>			<b>641.62</b>
23.Medicaid Days			3,933			23,473
24.Resident Days			3,933			23,473
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			47.97			60.76
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>587.79</b>			<b>744.50</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0110232000 - 2024/07

RI: 641.40

NM: 747.52

Sunrise Nettles Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	4/20/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	210.330	364.502	574.833	210.330	456.593	666.924
2.Inflate Line 1 by Inflation Factor 1.00000000	210.330	364.502	574.833	210.330	456.593	666.924
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	210.330	364.502	574.833	210.330	456.593	666.924
4.Current Period Cost	113.503	367.557	481.060	113.503	458.334	571.837
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	113.503	367.557	481.060	113.503	458.334	571.837
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)	113.503	367.557	481.060	113.503	458.334	571.837
12.Plus: Property Rate Component			21.226			21.226
13.Plus: ROE/Use Rate			9.205			9.205
14.Total Current Period Base			511.491			602.268
15.Prospective Rate: Line 11 x Inflation 1.07365911	121.864	394.630	516.494	121.864	492.095	613.958
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	121.864	394.630	516.494	121.864	492.095	613.958
19.Property Rate Component			21.226			21.226
20.ROE Component + ROE Interim Component			9.205			9.205
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>546.93</b>			<b>644.39</b>
23.Medicaid Days			730			1,453
24.Resident Days			730			1,453
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			52.34			61.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>641.40</b>			<b>747.52</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0111453600 - 2024/07

RI: 802.33

NM: 948.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunrise Observation Circle

Ownership:State Cluster

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/13/2021	9/30/2022	Unaudited Costs	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	123.222	338.639	461.861	123.222	440.742	563.964
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	123.222	338.639	461.861	123.222	440.742	563.964
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)	123.222	338.639	461.861	123.222	440.742	563.964
12.Plus: Property Rate Component			49.522			49.522
13.Plus: ROE/Use Rate			19.359			19.359
14.Total Current Period Base			530.742			632.845
15.Prospective Rate: Line 11 x Inflation 1.12650808	138.810	381.479	520.290	138.810	496.500	635.310
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	138.810	381.479	520.290	138.810	496.500	635.310
19.Property Rate Component			49.522			49.522
20.ROE Component + ROE Interim Component			19.359			19.359
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>589.17</b>			<b>704.19</b>
23.Medicaid Days			504			159
24.Resident Days			504			159
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			56.10			66.32
28.Plus: \$15 Wage Increase			57.82			68.35
29.Plus: Restore 7-2021 Reduction			57.11			67.52
<b>30.Final Per Diem After Adjustments</b>			<b>802.33</b>			<b>948.51</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

0111470500 - 2024/07

RI: 858.08

NM: 1016.48

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Sunrise Southshore Circle

Ownership:Private

Incentive Rating: Ineligible from 04/30/2024 - 04/30/2024 Days Eligible: 365 of 366

Eligibility Factor : 99.73%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/16/2021	9/30/2022	Unaudited Costs	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	127.023	374.042	501.065	127.023	484.679	611.702
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	127.023	374.042	501.065	127.023	484.679	611.702
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 99.73%	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)	127.023	374.042	501.065	127.023	484.679	611.702
12.Plus: Property Rate Component			50.112			50.112
13.Plus: ROE/Use Rate			18.470			18.470
14.Total Current Period Base			569.647			680.284
15.Prospective Rate: Line 11 x Inflation 1.12650808	143.093	421.361	564.454	143.093	545.994	689.087
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	143.093	421.361	564.454	143.093	545.994	689.087
19.Property Rate Component			50.112			50.112
20.ROE Component + ROE Interim Component			18.470			18.470
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>633.04</b>			<b>757.67</b>
23.Medicaid Days			635			142
24.Resident Days			635			142
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			60.00			71.07
28.Plus: \$15 Wage Increase			61.84			73.25
29.Plus: Restore 7-2021 Reduction			61.08			72.36
<b>30.Final Per Diem After Adjustments</b>			<b>858.08</b>			<b>1016.48</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0111473100 - 2024/07

RI: 960.03

NM: 1098.03

Sunrise Lakeshore Drive

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	8/16/2021	9/30/2022	Unaudited Costs	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	149.852	408.813	558.664	149.852	505.204	655.055
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	149.852	408.813	558.664	149.852	505.204	655.055
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)	149.852	408.813	558.664	149.852	505.204	655.055
12.Plus: Property Rate Component			60.860			60.860
13.Plus: ROE/Use Rate			23.053			23.053
14.Total Current Period Base			642.577			738.968
15.Prospective Rate: Line 11 x Inflation 1.12650808	168.809	460.531	629.340	168.809	569.116	737.925
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	168.809	460.531	629.340	168.809	569.116	737.925
19.Property Rate Component			60.860			60.860
20.ROE Component + ROE Interim Component			23.053			23.053
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>713.25</b>			<b>821.84</b>
23.Medicaid Days			549			186
24.Resident Days			549			186
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			67.12			76.77
28.Plus: \$15 Wage Increase			69.18			79.13
29.Plus: Restore 7-2021 Reduction			68.34			78.16
<b>30.Final Per Diem After Adjustments</b>			<b>960.03</b>			<b>1098.03</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0111976800 - 2024/07

RI: 998.32

NM: 0.00

Sunrise Eleazer Place

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2022	10/31/2023	Rebase Unaudited Costs	202307
Prior Cost Report	11/1/2022	10/31/2023	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	179.500	589.800	769.300	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	179.500	589.800	769.300	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)	179.500	589.800	769.300	0.000	0.000	0.000
12.Plus: Property Rate Component			35.242			0.000
13.Plus: ROE/Use Rate			26.042			0.000
14.Total Current Period Base			830.584			0.000
15.Prospective Rate: Line 11 x Inflation 1.05737057	189.797	623.638	813.435	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	189.797	623.638	813.435	0.000	0.000	0.000
19.Property Rate Component			35.242			0.000
20.ROE Component + ROE Interim Component			26.042			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>874.72</b>			<b>0.00</b>
23.Medicaid Days			1,007			0
24.Resident Days			1,007			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			81.47			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>998.32</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

0113827900 - 2024/07

RI: 744.23

NM: 867.98

Sunrise - Kaul

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	2/18/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	2/18/2022	6/30/2023	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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	137.940	424.415	562.355	137.940	529.247	667.187
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	137.940	424.415	562.355	137.940	529.247	667.187
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)	137.940	424.415	562.355	137.940	529.247	667.187
12.Plus: Property Rate Component			22.228			22.228
13.Plus: ROE/Use Rate			9.471			9.471
14.Total Current Period Base			594.053			698.886
15.Prospective Rate: Line 11 x Inflation 1.08412622	149.544	460.119	609.663	149.544	573.771	723.315
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	149.544	460.119	609.663	149.544	573.771	723.315
19.Property Rate Component			22.228			22.228
20.ROE Component + ROE Interim Component			9.471			9.471
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>641.36</b>			<b>755.01</b>
23.Medicaid Days			793			1,209
24.Resident Days			793			1,209
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			60.74			70.83
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>744.23</b>			<b>867.98</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012037000 - 2024/07

RI: 521.09

NM: 609.16

Bayview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	100.862	231.941	332.803	100.862	292.484	393.346
2.Inflate Line 1 by Inflation Factor 1.00000000	100.862	231.941	332.803	100.862	292.484	393.346
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	100.862	231.941	332.803	100.862	292.484	393.346
4.Current Period Cost	101.471	287.517	388.988	101.471	363.732	465.203
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	101.471	287.517	388.988	101.471	363.732	465.203
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)	101.471	287.517	388.988	101.471	363.732	465.203
12.Plus: Property Rate Component			21.871			21.871
13.Plus: ROE/Use Rate			1.786			1.786
14.Total Current Period Base			412.645			488.860
15.Prospective Rate: Line 11 x Inflation 1.06116649	107.678	305.103	412.781	107.678	385.980	493.658
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	107.678	305.103	412.781	107.678	385.980	493.658
19.Property Rate Component			21.871			21.871
20.ROE Component + ROE Interim Component			1.786			1.786
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>436.44</b>			<b>517.31</b>
23.Medicaid Days			1,726			365
24.Resident Days			1,726			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			42.53			49.71
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>521.09</b>			<b>609.16</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012038000 - 2024/07

RI: 559.41

NM: 661.85

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	85.957	242.702	328.659	85.957	306.342	392.299
2.Inflate Line 1 by Inflation Factor 1.00000000	85.957	242.702	328.659	85.957	306.342	392.299
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	85.957	242.702	328.659	85.957	306.342	392.299
4.Current Period Cost	108.249	322.411	430.661	108.249	411.072	519.321
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	108.249	322.411	430.661	108.249	411.072	519.321
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)	108.249	322.411	430.661	108.249	411.072	519.321
12.Plus: Property Rate Component			13.220			13.220
13.Plus: ROE/Use Rate			1.401			1.401
14.Total Current Period Base			445.282			533.943
15.Prospective Rate: Line 11 x Inflation 1.06116649	114.871	342.132	457.002	114.871	436.216	551.086
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	114.871	342.132	457.002	114.871	436.216	551.086
19.Property Rate Component			13.220			13.220
20.ROE Component + ROE Interim Component			1.401			1.401
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>471.62</b>			<b>565.71</b>
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			45.65			54.01
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>559.41</b>			<b>661.85</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012040300 - 2024/07

RI: 820.35

NM: 965.20

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	111.481	249.938	361.419	111.481	307.191	418.672
2.Inflate Line 1 by Inflation Factor 1.00000000	111.481	249.938	361.419	111.481	307.191	418.672
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	111.481	249.938	361.419	111.481	307.191	418.672
4.Current Period Cost	175.136	426.472	601.608	175.136	551.837	726.972
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	175.136	426.472	601.608	175.136	551.837	726.972
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)	175.136	426.472	601.608	175.136	551.837	726.972
12.Plus: Property Rate Component			66.528			66.528
13.Plus: ROE/Use Rate			6.334			6.334
14.Total Current Period Base			674.470			799.835
15.Prospective Rate: Line 11 x Inflation 1.06116649	185.848	452.557	638.406	185.848	585.591	771.439
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	185.848	452.557	638.406	185.848	585.591	771.439
19.Property Rate Component			66.528			66.528
20.ROE Component + ROE Interim Component			6.334			6.334
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>711.27</b>			<b>844.30</b>
23.Medicaid Days			441			104
24.Resident Days			441			104
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			66.95			78.77
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>820.35</b>			<b>965.20</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012073200 - 2024/07

RI: 585.17

NM: 685.91

Suncoast - Suffridge Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	125.299	278.075	403.374	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.13301392	141.966	315.063	457.029	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	148.632	329.858	478.490	0.000	0.000	0.000
4.Current Period Cost	183.100	159.344	342.443	183.100	200.194	383.294
5.Incentive Basis (line 3 - line 4)	0.000	170.514		0.000	0.000	
6.Allowed Current Period Costs	148.632	159.344	307.976	183.100	200.194	383.294
7.Incentive Line 5 x Oper 50% Res 50%	0.000	85.257	85.257	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.780	4.780	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.780	4.780	0.000	0.000	0.000
10.Final Incentive	0.000	4.780	4.780	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	148.632	164.124	312.756	183.100	200.194	383.294
12.Plus: Property Rate Component			66.855			66.855
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			379.611			450.149
15.Prospective Rate: Line 11 x Inflation 1.12371966	167.021	184.429	351.450	205.753	224.962	430.715
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	167.021	184.429	351.450	205.753	224.962	430.715
19.Property Rate Component			66.855			66.855
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>418.31</b>			<b>497.57</b>
23.Medicaid Days			549			2,745
24.Resident Days			549			2,745
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			40.91			47.96
28.Plus: \$15 Wage Increase			42.17			49.43
29.Plus: Restore 7-2021 Reduction			41.66			48.83
<b>30.Final Per Diem After Adjustments</b>			<b>585.17</b>			<b>685.91</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2024/07

RI: 608.81

NM: 667.29

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Suncoast - Coletta Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	116.067	184.296	300.363	116.067	220.034	336.101
2.Inflate Line 1 by Inflation Factor 1.16049841	134.696	213.875	348.571	134.696	255.349	390.045
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	142.147	225.707	367.854	142.147	269.475	411.622
4.Current Period Cost	172.006	181.595	353.601	172.006	221.354	393.360
5.Incentive Basis (line 3 - line 4)	0.000	44.112		0.000	48.121	
6.Allowed Current Period Costs	142.147	181.595	323.742	142.147	221.354	363.501
7.Incentive Line 5 x Oper 50% Res 50%	0.000	22.056	22.056	0.000	24.061	24.061
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.448	5.448	0.000	6.641	6.641
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.448	5.448	0.000	6.641	6.641
10.Final Incentive	0.000	5.448	5.448	0.000	6.641	6.641
11.Current Period Base: (line 6 + line 10)	142.147	187.043	329.190	142.147	227.994	370.142
12.Plus: Property Rate Component			66.982			66.982
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			396.172			437.124
15.Prospective Rate: Line 11 x Inflation 1.12371966	159.734	210.183	369.917	159.734	256.202	415.935
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	159.734	210.183	369.917	159.734	256.202	415.935
19.Property Rate Component			66.982			66.982
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>436.90</b>			<b>482.92</b>
23.Medicaid Days			1,098			2,196
24.Resident Days			1,098			2,196
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			42.57			46.66
28.Plus: \$15 Wage Increase			43.87			48.09
29.Plus: Restore 7-2021 Reduction			43.34			47.50
<b>30.Final Per Diem After Adjustments</b>			<b>608.81</b>			<b>667.29</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2024/07

RI: 655.77

NM: 711.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Suncoast - Spring Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	119.004	162.694	281.697	119.004	194.726	313.730
2.Inflate Line 1 by Inflation Factor 1.16049841	138.104	188.806	326.909	138.104	225.979	364.083
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	145.744	199.250	344.994	145.744	238.480	384.224
4.Current Period Cost	236.048	343.041	579.089	236.048	436.003	672.051
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	145.744	199.250	344.994	145.744	238.480	384.224
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)	145.744	199.250	344.994	145.744	238.480	384.224
12.Plus: Property Rate Component			86.175			86.175
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			431.169			470.399
15.Prospective Rate: Line 11 x Inflation 1.12371966	163.775	223.902	387.677	163.775	267.985	431.760
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	163.775	223.902	387.677	163.775	267.985	431.760
19.Property Rate Component			86.175			86.175
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>473.85</b>			<b>517.94</b>
23.Medicaid Days			1,345			591
24.Resident Days			1,345			591
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			45.85			49.77
28.Plus: \$15 Wage Increase			47.26			51.29
29.Plus: Restore 7-2021 Reduction			46.68			50.67
<b>30.Final Per Diem After Adjustments</b>			<b>655.77</b>			<b>711.80</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012075300 - 2024/07

RI: 560.85

NM: 608.24

Suncoast - Walnut Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	103.152	178.473	281.625	103.152	211.550	314.702
2.Inflate Line 1 by Inflation Factor 1.13301392	116.873	202.213	319.085	116.873	239.689	356.562
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	122.361	211.708	334.069	122.361	250.945	373.306
4.Current Period Cost	170.897	165.470	336.366	170.897	197.688	368.585
5.Incentive Basis (line 3 - line 4)	0.000	46.239		0.000	53.257	
6.Allowed Current Period Costs	122.361	165.470	287.831	122.361	197.688	320.049
7.Incentive Line 5 x Oper 50% Res 50%	0.000	23.119	23.119	0.000	26.628	26.628
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.964	4.964	0.000	5.931	5.931
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.964	4.964	0.000	5.931	5.931
10.Final Incentive	0.000	4.964	4.964	0.000	5.931	5.931
11.Current Period Base: (line 6 + line 10)	122.361	170.434	292.795	122.361	203.618	325.979
12.Plus: Property Rate Component			70.147			70.147
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			362.942			396.126
15.Prospective Rate: Line 11 x Inflation 1.12371966	137.499	191.520	329.019	137.499	228.810	366.310
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	137.499	191.520	329.019	137.499	228.810	366.310
19.Property Rate Component			70.147			70.147
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>399.17</b>			<b>436.46</b>
23.Medicaid Days			580			2,714
24.Resident Days			580			2,714
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			39.21			42.53
28.Plus: \$15 Wage Increase			40.42			43.83
29.Plus: Restore 7-2021 Reduction			39.92			43.30
<b>30.Final Per Diem After Adjustments</b>			<b>560.85</b>			<b>608.24</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012075700 - 2024/07

RI: 579.52

NM: 631.68

Suncoast - Bessent Road Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	96.664	167.861	264.525	96.664	208.695	305.359
2.Inflate Line 1 by Inflation Factor 1.16049841	112.178	194.802	306.980	112.178	242.190	354.368
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	118.384	205.579	323.962	118.384	255.589	373.972
4.Current Period Cost	197.350	179.919	377.269	197.350	215.378	412.728
5.Incentive Basis (line 3 - line 4)	0.000	25.660		0.000	40.210	
6.Allowed Current Period Costs	118.384	179.919	298.303	118.384	215.378	333.762
7.Incentive Line 5 x Oper 50% Res 50%	0.000	12.830	12.830	0.000	20.105	20.105
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.398	5.398	0.000	6.461	6.461
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.398	5.398	0.000	6.461	6.461
10.Final Incentive	0.000	5.398	5.398	0.000	6.461	6.461
11.Current Period Base: (line 6 + line 10)	118.384	185.317	303.700	118.384	221.840	340.223
12.Plus: Property Rate Component			72.584			72.584
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			376.284			412.808
15.Prospective Rate: Line 11 x Inflation 1.12371966	133.030	208.244	341.274	133.030	249.286	382.316
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	133.030	208.244	341.274	133.030	249.286	382.316
19.Property Rate Component			72.584			72.584
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>413.86</b>			<b>454.90</b>
23.Medicaid Days		549			2,358	
24.Resident Days		549			2,358	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			40.52			44.17
28.Plus: \$15 Wage Increase			41.76			45.52
29.Plus: Restore 7-2021 Reduction			41.25			44.97
<b>30.Final Per Diem After Adjustments</b>			<b>579.52</b>			<b>631.68</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012075900 - 2024/07

RI: 553.36

NM: 667.39

Suncoast - Frederick Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	107.855	206.751	314.606	107.855	248.042	355.897
2.Inflate Line 1 by Inflation Factor 1.16049841	125.165	239.934	365.099	125.165	287.853	413.018
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	132.089	253.207	385.297	132.089	303.777	435.866
4.Current Period Cost	200.359	148.117	348.475	200.359	225.636	425.994
5.Incentive Basis (line 3 - line 4)	0.000	105.091		0.000	78.141	
6.Allowed Current Period Costs	132.089	148.117	280.206	132.089	225.636	357.725
7.Incentive Line 5 x Oper 50% Res 50%	0.000	52.545	52.545	0.000	39.071	39.071
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.443	4.443	0.000	6.769	6.769
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.443	4.443	0.000	6.769	6.769
10.Final Incentive	0.000	4.443	4.443	0.000	6.769	6.769
11.Current Period Base: (line 6 + line 10)	132.089	152.560	284.649	132.089	232.405	364.494
12.Plus: Property Rate Component			73.409			73.409
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			358.058			437.903
15.Prospective Rate: Line 11 x Inflation 1.12371966	148.431	171.435	319.866	148.431	261.158	409.589
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	148.431	171.435	319.866	148.431	261.158	409.589
19.Property Rate Component			73.409			73.409
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>393.27</b>			<b>483.00</b>
23.Medicaid Days			0			2,572
24.Resident Days			0			2,572
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			38.69			46.66
28.Plus: \$15 Wage Increase			39.88			48.09
29.Plus: Restore 7-2021 Reduction			39.39			47.51
<b>30.Final Per Diem After Adjustments</b>			<b>553.36</b>			<b>667.39</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012373500 - 2024/07

RI: 621.37

NM: 682.27

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Suncoast - 107th Place Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	113.380	193.402	306.782	113.380	228.808	342.188
2.Inflate Line 1 by Inflation Factor 1.13301392	128.461	219.127	347.589	128.461	259.242	387.704
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	134.494	229.417	363.911	134.494	271.416	405.910
4.Current Period Cost	186.852	193.335	380.187	186.852	234.735	421.587
5.Incentive Basis (line 3 - line 4)	0.000	36.082		0.000	36.681	
6.Allowed Current Period Costs	134.494	193.335	327.829	134.494	234.735	369.228
7.Incentive Line 5 x Oper 50% Res 50%	0.000	18.041	18.041	0.000	18.341	18.341
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.800	5.800	0.000	7.042	7.042
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.800	5.800	0.000	7.042	7.042
10.Final Incentive	0.000	5.800	5.800	0.000	7.042	7.042
11.Current Period Base: (line 6 + line 10)	134.494	199.135	333.629	134.494	241.777	376.270
12.Plus: Property Rate Component			71.882			71.882
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			405.511			448.152
15.Prospective Rate: Line 11 x Inflation 1.12371966	151.133	223.772	374.905	151.133	271.689	422.822
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	151.133	223.772	374.905	151.133	271.689	422.822
19.Property Rate Component			71.882			71.882
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>446.79</b>			<b>494.70</b>
23.Medicaid Days			104			2,597
24.Resident Days			104			2,597
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.45			47.70
28.Plus: \$15 Wage Increase			44.78			49.17
29.Plus: Restore 7-2021 Reduction			44.23			48.57
<b>30.Final Per Diem After Adjustments</b>			<b>621.37</b>			<b>682.27</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012374200 - 2024/07

RI: 637.62

NM: 767.68

Suncoast - Second Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	124.178	220.002	344.180	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.13301392	140.696	249.265	389.960	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	147.303	260.970	408.273	0.000	0.000	0.000
4.Current Period Cost	204.265	192.530	396.795	204.265	232.409	436.674
5.Incentive Basis (line 3 - line 4)	0.000	68.441		0.000	0.000	
6.Allowed Current Period Costs	147.303	192.530	339.832	204.265	232.409	436.674
7.Incentive Line 5 x Oper 50% Res 50%	0.000	34.220	34.220	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.776	5.776	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.776	5.776	0.000	0.000	0.000
10.Final Incentive	0.000	5.776	5.776	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	147.303	198.305	345.608	204.265	232.409	436.674
12.Plus: Property Rate Component			71.204			71.204
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			416.812			507.878
15.Prospective Rate: Line 11 x Inflation 1.12371966	165.527	222.840	388.366	229.537	261.163	490.699
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	165.527	222.840	388.366	229.537	261.163	490.699
19.Property Rate Component			71.204			71.204
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>459.57</b>			<b>561.90</b>
23.Medicaid Days			87			2,745
24.Resident Days			87			2,745
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.58			53.67
28.Plus: \$15 Wage Increase			45.95			55.32
29.Plus: Restore 7-2021 Reduction			45.39			54.65
<b>30.Final Per Diem After Adjustments</b>			<b>637.62</b>			<b>767.68</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012374400 - 2024/07

RI: 566.85

NM: 739.27

Suncoast - Rosewood Avenue Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	107.011	202.314	309.325	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.13301392	121.245	229.225	350.470	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	126.939	239.989	366.927	0.000	0.000	0.000
4.Current Period Cost	180.338	123.357	303.696	180.338	194.385	374.723
5.Incentive Basis (line 3 - line 4)	0.000	116.631		0.000	0.000	
6.Allowed Current Period Costs	126.939	123.357	250.296	180.338	194.385	374.723
7.Incentive Line 5 x Oper 50% Res 50%	0.000	58.316	58.316	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	3.701	3.701	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.701	3.701	0.000	0.000	0.000
10.Final Incentive	0.000	3.701	3.701	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.939	127.058	253.997	180.338	194.385	374.723
12.Plus: Property Rate Component			48.551			48.551
13.Plus: ROE/Use Rate			69.917			69.917
14.Total Current Period Base			372.465			493.191
15.Prospective Rate: Line 11 x Inflation 1.12371966	142.643	142.778	285.421	202.650	218.434	421.084
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	142.643	142.778	285.421	202.650	218.434	421.084
19.Property Rate Component			48.551			48.551
20.ROE Component + ROE Interim Component			69.917			69.917
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>403.89</b>			<b>539.55</b>
23.Medicaid Days			0			3,048
24.Resident Days			0			3,048
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			39.63			51.69
28.Plus: \$15 Wage Increase			40.85			53.27
29.Plus: Restore 7-2021 Reduction			40.35			52.62
<b>30.Final Per Diem After Adjustments</b>			<b>566.85</b>			<b>739.27</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012375400 - 2024/07

RI: 639.31

NM: 714.60

Suncoast - 19th Street Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	99.142	199.625	298.767	99.142	236.701	335.843
2.Inflate Line 1 by Inflation Factor 1.16049841	115.054	231.665	346.718	115.054	274.691	389.745
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	121.418	244.480	365.899	121.418	289.887	411.306
4.Current Period Cost	168.707	217.635	386.342	168.707	268.816	437.523
5.Incentive Basis (line 3 - line 4)	0.000	26.845		0.000	21.072	
6.Allowed Current Period Costs	121.418	217.635	339.054	121.418	268.816	390.234
7.Incentive Line 5 x Oper 50% Res 50%	0.000	13.423	13.423	0.000	10.536	10.536
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.529	6.529	0.000	8.064	8.064
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.529	6.529	0.000	8.064	8.064
10.Final Incentive	0.000	6.529	6.529	0.000	8.064	8.064
11.Current Period Base: (line 6 + line 10)	121.418	224.164	345.583	121.418	276.880	398.298
12.Plus: Property Rate Component			72.567			72.567
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			418.150			470.865
15.Prospective Rate: Line 11 x Inflation 1.12371966	136.440	251.898	388.338	136.440	311.135	447.576
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	136.440	251.898	388.338	136.440	311.135	447.576
19.Property Rate Component			72.567			72.567
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>460.90</b>			<b>520.14</b>
23.Medicaid Days		549			2,388	
24.Resident Days		549			2,388	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.70			49.96
28.Plus: \$15 Wage Increase			46.07			51.50
29.Plus: Restore 7-2021 Reduction			45.51			50.87
<b>30.Final Per Diem After Adjustments</b>			<b>639.31</b>			<b>714.60</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012386400 - 2024/07

RI: 636.94

NM: 781.04

Suncoast - Tunis Street Group Home

Ownership:Private

Incentive Rating: Ineligible from 04/04/2024 - 04/30/2024 Days Eligible: 339 of 366

Eligibility Factor : 92.62%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	96.265	202.668	298.934	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.16049841	111.716	235.196	346.912	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.22469777	117.896	248.207	366.103	0.000	0.000	0.000
4.Current Period Cost	172.498	217.428	389.925	172.498	269.762	442.260
5.Incentive Basis (line 3 - line 4)	0.000	30.780		0.000	0.000	
6.Allowed Current Period Costs	117.896	217.428	335.323	172.498	269.762	442.260
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.390	15.390	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.523	6.523	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 92.62%	0.000	6.042	6.042	0.000	0.000	0.000
10.Final Incentive	0.000	6.042	6.042	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	117.896	223.469	341.365	172.498	269.762	442.260
12.Plus: Property Rate Component			75.440			75.440
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			416.805			517.699
15.Prospective Rate: Line 11 x Inflation 1.12371966	132.482	251.117	383.599	193.839	303.137	496.976
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	132.482	251.117	383.599	193.839	303.137	496.976
19.Property Rate Component			75.440			75.440
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>459.04</b>			<b>572.42</b>
23.Medicaid Days			562			2,423
24.Resident Days			562			2,423
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.53			54.61
28.Plus: \$15 Wage Increase			45.90			56.28
29.Plus: Restore 7-2021 Reduction			45.34			55.60
<b>30.Final Per Diem After Adjustments</b>			<b>636.94</b>			<b>781.04</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012390800 - 2024/07

RI: 657.34

NM: 717.95

Suncoast - Plaza Oval Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	120.640	213.230	333.870	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.13301392	136.686	241.593	378.279	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	143.105	252.938	396.043	0.000	0.000	0.000
4.Current Period Cost	163.638	211.812	375.450	163.638	240.076	403.714
5.Incentive Basis (line 3 - line 4)	0.000	41.126		0.000	0.000	
6.Allowed Current Period Costs	143.105	211.812	354.917	163.638	240.076	403.714
7.Incentive Line 5 x Oper 50% Res 50%	0.000	20.563	20.563	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.354	6.354	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.354	6.354	0.000	0.000	0.000
10.Final Incentive	0.000	6.354	6.354	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	143.105	218.166	361.271	163.638	240.076	403.714
12.Plus: Property Rate Component			69.117			69.117
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			430.388			472.831
15.Prospective Rate: Line 11 x Inflation 1.12371966	160.810	245.157	405.967	183.883	269.778	453.661
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	160.810	245.157	405.967	183.883	269.778	453.661
19.Property Rate Component			69.117			69.117
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>475.08</b>			<b>522.78</b>
23.Medicaid Days			351			2,745
24.Resident Days			351			2,745
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			45.96			50.20
28.Plus: \$15 Wage Increase			47.37			51.74
29.Plus: Restore 7-2021 Reduction			46.79			51.11
<b>30.Final Per Diem After Adjustments</b>			<b>657.34</b>			<b>717.95</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2024/07

RI: 727.64

NM: 800.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Suncoast - Claudia Drive Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	115.510	205.945	321.455	115.510	249.134	364.644
2.Inflate Line 1 by Inflation Factor 1.13301392	130.874	233.338	364.213	130.874	282.272	413.147
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	137.020	244.295	381.316	137.020	295.527	432.548
4.Current Period Cost	266.176	339.481	605.657	266.176	411.527	677.703
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	137.020	244.295	381.316	137.020	295.527	432.548
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)	137.020	244.295	381.316	137.020	295.527	432.548
12.Plus: Property Rate Component			101.909			101.909
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			483.224			534.456
15.Prospective Rate: Line 11 x Inflation 1.12371966	153.972	274.520	428.492	153.972	332.090	486.062
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	153.972	274.520	428.492	153.972	332.090	486.062
19.Property Rate Component			101.909			101.909
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>530.40</b>			<b>587.97</b>
23.Medicaid Days			1,229			281
24.Resident Days			1,229			281
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			50.88			55.99
28.Plus: \$15 Wage Increase			52.44			57.71
29.Plus: Restore 7-2021 Reduction			51.80			57.01
<b>30.Final Per Diem After Adjustments</b>			<b>727.64</b>			<b>800.80</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

012410100 - 2024/07

RI: 528.53

NM: 695.53

Suncoast - High Desert Court Group Home

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2021	12/31/2022	Unaudited Costs	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:	99.195	176.712	275.907	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.13301392	112.389	200.217	312.606	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.18621949	117.667	209.619	327.286	0.000	0.000	0.000
4.Current Period Cost	165.765	145.131	310.895	165.765	218.324	384.088
5.Incentive Basis (line 3 - line 4)	0.000	64.488		0.000	0.000	
6.Allowed Current Period Costs	117.667	145.131	262.797	165.765	218.324	384.088
7.Incentive Line 5 x Oper 50% Res 50%	0.000	32.244	32.244	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.354	4.354	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.354	4.354	0.000	0.000	0.000
10.Final Incentive	0.000	4.354	4.354	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	117.667	149.484	267.151	165.765	218.324	384.088
12.Plus: Property Rate Component			73.529			73.529
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			340.681			457.618
15.Prospective Rate: Line 11 x Inflation 1.12371966	132.224	167.979	300.203	186.273	245.335	431.607
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	132.224	167.979	300.203	186.273	245.335	431.607
19.Property Rate Component			73.529			73.529
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>373.73</b>			<b>505.14</b>
23.Medicaid Days			0			3,202
24.Resident Days			0			3,202
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			36.95			48.63
28.Plus: \$15 Wage Increase			38.09			50.12
29.Plus: Restore 7-2021 Reduction			37.62			49.51
<b>30.Final Per Diem After Adjustments</b>			<b>528.53</b>			<b>695.53</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028000300 - 2024/07

RI: 620.28

NM: 701.42

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

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 1.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	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	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
<b>22.Final Per Diem</b>			<b>445.93</b>			<b>509.77</b>
23.Medicaid Days			16,708			5,708
24.Resident Days			16,708			5,708
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.37			49.04
28.Plus: \$15 Wage Increase			44.70			50.55
29.Plus: Restore 7-2021 Reduction			44.15			49.93
<b>30.Final Per Diem After Adjustments</b>			<b>620.28</b>			<b>701.42</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028019401 - 2024/07

RI: 756.83

NM: 893.12

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	149.575	359.833	509.408	149.575	471.239	620.814
2.Inflate Line 1 by Inflation Factor 1.00000000	149.575	359.833	509.408	149.575	471.239	620.814
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	149.575	359.833	509.408	149.575	471.239	620.814
4.Current Period Cost	170.572	406.605	577.177	170.572	524.556	695.128
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	170.572	406.605	577.177	170.572	524.556	695.128
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)	170.572	406.605	577.177	170.572	524.556	695.128
12.Plus: Property Rate Component			30.879			30.879
13.Plus: ROE/Use Rate			9.576			9.576
14.Total Current Period Base			617.632			735.583
15.Prospective Rate: Line 11 x Inflation 1.06116649	181.005	431.476	612.481	181.005	556.641	737.646
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	181.005	431.476	612.481	181.005	556.641	737.646
19.Property Rate Component			30.879			30.879
20.ROE Component + ROE Interim Component			9.576			9.576
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>652.94</b>			<b>778.10</b>
23.Medicaid Days			0			8,474
24.Resident Days			0			8,474
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			61.76			72.89
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>756.83</b>			<b>893.12</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028020801 - 2024/07

RI: 677.03

NM: 916.84

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	99.911	315.909	415.820	99.911	488.785	588.696
2.Inflate Line 1 by Inflation Factor 1.00000000	99.911	315.909	415.820	99.911	488.785	588.696
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	99.911	315.909	415.820	99.911	488.785	588.696
4.Current Period Cost	138.637	375.029	513.666	138.637	580.162	718.799
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	138.637	375.029	513.666	138.637	580.162	718.799
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)	138.637	375.029	513.666	138.637	580.162	718.799
12.Plus: Property Rate Component			19.460			19.460
13.Plus: ROE/Use Rate			8.684			8.684
14.Total Current Period Base			541.810			746.943
15.Prospective Rate: Line 11 x Inflation 1.07365911	148.849	402.653	551.502	148.849	622.896	771.745
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	148.849	402.653	551.502	148.849	622.896	771.745
19.Property Rate Component			19.460			19.460
20.ROE Component + ROE Interim Component			8.684			8.684
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>579.65</b>			<b>799.89</b>
23.Medicaid Days			1,252			6,966
24.Resident Days			1,252			6,966
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			55.25			74.82
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>677.03</b>			<b>916.84</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028028301 - 2024/07

RI: 700.92

NM: 897.03

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.110	281.611	393.721	112.110	394.037	506.147
2.Inflate Line 1 by Inflation Factor 1.00000000	112.110	281.611	393.721	112.110	394.037	506.147
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	112.110	281.611	393.721	112.110	394.037	506.147
4.Current Period Cost	142.050	399.120	541.170	142.050	566.867	708.916
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	142.050	399.120	541.170	142.050	566.867	708.916
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)	142.050	399.120	541.170	142.050	566.867	708.916
12.Plus: Property Rate Component			13.270			13.270
13.Plus: ROE/Use Rate			7.286			7.286
14.Total Current Period Base			561.727			729.473
15.Prospective Rate: Line 11 x Inflation 1.07365911	152.513	428.519	581.032	152.513	608.621	761.134
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	152.513	428.519	581.032	152.513	608.621	761.134
19.Property Rate Component			13.270			13.270
20.ROE Component + ROE Interim Component			7.286			7.286
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>601.59</b>			<b>781.69</b>
23.Medicaid Days			0			7,723
24.Resident Days			123			8,086
25.Medicaid Utilization			0.00%			95.51%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			57.20			73.21
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>700.92</b>			<b>897.03</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028029101 - 2024/07

RI: 708.77

NM: 970.13

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.268	283.704	361.971	78.268	428.078	506.346
2.Inflate Line 1 by Inflation Factor 1.00000000	78.268	283.704	361.971	78.268	428.078	506.346
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	78.268	283.704	361.971	78.268	428.078	506.346
4.Current Period Cost	134.475	414.366	548.841	134.475	637.934	772.408
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	134.475	414.366	548.841	134.475	637.934	772.408
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)	134.475	414.366	548.841	134.475	637.934	772.408
12.Plus: Property Rate Component			11.611			11.611
13.Plus: ROE/Use Rate			7.919			7.919
14.Total Current Period Base			568.371			791.939
15.Prospective Rate: Line 11 x Inflation 1.07365911	144.380	444.888	589.268	144.380	684.923	829.303
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	144.380	444.888	589.268	144.380	684.923	829.303
19.Property Rate Component			11.611			11.611
20.ROE Component + ROE Interim Component			7.919			7.919
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>608.80</b>			<b>848.83</b>
23.Medicaid Days			2,920			4,810
24.Resident Days			2,920			4,840
25.Medicaid Utilization			100.00%			99.38%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			57.84			79.17
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>708.77</b>			<b>970.13</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028030501 - 2024/07

RI: 463.10

NM: 596.31

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	83.916	168.431	252.347	83.916	229.201	313.116
2.Inflate Line 1 by Inflation Factor 1.00000000	83.916	168.431	252.347	83.916	229.201	313.116
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	83.916	168.431	252.347	83.916	229.201	313.116
4.Current Period Cost	112.779	224.177	336.956	112.779	338.123	450.902
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	112.779	224.177	336.956	112.779	338.123	450.902
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)	112.779	224.177	336.956	112.779	338.123	450.902
12.Plus: Property Rate Component			10.855			10.855
13.Plus: ROE/Use Rate			10.545			10.545
14.Total Current Period Base			358.355			472.301
15.Prospective Rate: Line 11 x Inflation 1.07365911	121.086	240.689	361.776	121.086	363.029	484.115
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	121.086	240.689	361.776	121.086	363.029	484.115
19.Property Rate Component			10.855			10.855
20.ROE Component + ROE Interim Component			10.545			10.545
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>383.17</b>			<b>505.51</b>
23.Medicaid Days			938			7,723
24.Resident Days			938			7,723
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			37.79			48.66
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>463.10</b>			<b>596.31</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028032101 - 2024/07

RI: 478.12

NM: 624.84

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.739	167.717	247.456	79.739	231.048	310.787
2.Inflate Line 1 by Inflation Factor 1.00000000	79.739	167.717	247.456	79.739	231.048	310.787
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	79.739	167.717	247.456	79.739	231.048	310.787
4.Current Period Cost	121.045	225.381	346.426	121.045	350.880	471.925
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	121.045	225.381	346.426	121.045	350.880	471.925
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)	121.045	225.381	346.426	121.045	350.880	471.925
12.Plus: Property Rate Component			18.206			18.206
13.Plus: ROE/Use Rate			6.820			6.820
14.Total Current Period Base			371.452			496.952
15.Prospective Rate: Line 11 x Inflation 1.07365911	129.961	241.982	371.944	129.961	376.726	506.687
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	129.961	241.982	371.944	129.961	376.726	506.687
19.Property Rate Component			18.206			18.206
20.ROE Component + ROE Interim Component			6.820			6.820
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>396.97</b>			<b>531.71</b>
23.Medicaid Days			499			7,965
24.Resident Days			499			7,965
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			39.02			50.99
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>478.12</b>			<b>624.84</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028035600 - 2024/07

RI: 601.78

NM: 853.60

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.779	295.732	377.511	81.779	494.347	576.127
2.Inflate Line 1 by Inflation Factor 1.00000000	81.779	295.732	377.511	81.779	494.347	576.126
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	81.779	295.732	377.511	81.779	494.347	576.126
4.Current Period Cost	140.146	325.901	466.047	140.146	543.834	683.980
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	140.146	325.901	466.047	140.146	543.834	683.980
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)	140.146	325.901	466.047	140.146	543.834	683.980
12.Plus: Property Rate Component			13.926			13.926
13.Plus: ROE/Use Rate			2.063			2.063
14.Total Current Period Base			482.037			699.970
15.Prospective Rate: Line 11 x Inflation 1.06116649	148.719	345.835	494.554	148.719	577.098	725.817
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	148.719	345.835	494.554	148.719	577.098	725.817
19.Property Rate Component			13.926			13.926
20.ROE Component + ROE Interim Component			2.063			2.063
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>510.54</b>			<b>741.81</b>
23.Medicaid Days			8,755			8,197
24.Resident Days			8,755			8,197
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			49.11			69.66
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>601.78</b>			<b>853.60</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028036401 - 2024/07

RI: 863.66

NM: 1027.47

**Skipper Road Cluster**

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2021	9/30/2022	Unaudited Costs	202207
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	142.534	351.633	494.166	142.534	461.342	603.875
2.Inflate Line 1 by Inflation Factor 1.06766045	152.177	375.424	527.602	152.177	492.557	644.734
3.Line 1 X 1.4000 X Inflation Factor 1.09472463	156.035	384.941	540.976	156.035	505.042	661.077
4.Current Period Cost	160.618	386.213	546.831	160.618	494.341	654.959
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	10.701	
6.Allowed Current Period Costs	156.035	384.941	540.976	156.035	494.341	650.376
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	5.351	5.351
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	14.830	14.830
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	5.351	5.351
10.Final Incentive	0.000	0.000	0.000	0.000	5.351	5.351
11.Current Period Base: (line 6 + line 10)	156.035	384.941	540.976	156.035	499.692	655.727
12.Plus: Property Rate Component			26.908			26.908
13.Plus: ROE/Use Rate			2.857			2.857
14.Total Current Period Base			570.740			685.491
15.Prospective Rate: Line 11 x Inflation 1.12326981	175.269	432.392	607.662	175.269	561.289	736.558
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	175.269	432.392	607.662	175.269	561.289	736.558
19.Property Rate Component			26.908			26.908
20.ROE Component + ROE Interim Component			2.857			2.857
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>637.43</b>			<b>766.32</b>
23.Medicaid Days			0			7,974
24.Resident Days			0			7,974
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			60.39			71.84
28.Plus: \$15 Wage Increase			62.24			74.04
29.Plus: Restore 7-2021 Reduction			61.48			73.14
<b>30.Final Per Diem After Adjustments</b>			<b>863.66</b>			<b>1027.47</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028037201 - 2024/07

RI: 544.62

NM: 686.62

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	90.275	185.116	275.391	90.275	263.377	353.651
2.Inflate Line 1 by Inflation Factor 1.00000000	90.275	185.116	275.391	90.275	263.377	353.651
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	90.275	185.116	275.391	90.275	263.377	353.651
4.Current Period Cost	137.253	272.584	409.837	137.253	394.049	531.303
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	137.253	272.584	409.837	137.253	394.049	531.303
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)	137.253	272.584	409.837	137.253	394.049	531.303
12.Plus: Property Rate Component			18.016			18.016
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			427.853			549.319
15.Prospective Rate: Line 11 x Inflation 1.07365911	147.363	292.662	440.025	147.363	423.075	570.438
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	147.363	292.662	440.025	147.363	423.075	570.438
19.Property Rate Component			18.016			18.016
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>458.04</b>			<b>588.45</b>
23.Medicaid Days			0			5,258
24.Resident Days			0			5,258
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.45			56.03
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>544.62</b>			<b>686.62</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028038101 - 2024/07

RI: 441.64

NM: 579.65

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	83.396	138.766	222.162	83.396	205.552	288.948
2.Inflate Line 1 by Inflation Factor 1.00000000	83.396	138.766	222.162	83.396	205.552	288.948
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	83.396	138.766	222.162	83.396	205.552	288.948
4.Current Period Cost	117.470	196.304	313.774	117.470	314.359	431.828
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	117.470	196.304	313.774	117.470	314.359	431.828
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)	117.470	196.304	313.774	117.470	314.359	431.828
12.Plus: Property Rate Component			18.505			18.505
13.Plus: ROE/Use Rate			8.079			8.079
14.Total Current Period Base			340.358			458.412
15.Prospective Rate: Line 11 x Inflation 1.07365911	126.122	210.764	336.886	126.122	337.514	463.636
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	126.122	210.764	336.886	126.122	337.514	463.636
19.Property Rate Component			18.505			18.505
20.ROE Component + ROE Interim Component			8.079			8.079
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>363.47</b>			<b>490.22</b>
23.Medicaid Days			0			8,712
24.Resident Days			0			8,712
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			36.04			47.30
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>441.64</b>			<b>579.65</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028040201 - 2024/07

RI: 779.17

NM: 912.28

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	144.987	352.660	497.647	144.987	449.141	594.129
2.Inflate Line 1 by Inflation Factor 1.00000000	144.987	352.660	497.647	144.987	449.141	594.129
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	144.987	352.660	497.647	144.987	449.141	594.129
4.Current Period Cost	174.260	422.559	596.819	174.260	537.755	712.015
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	174.260	422.559	596.819	174.260	537.755	712.015
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)	174.260	422.559	596.819	174.260	537.755	712.015
12.Plus: Property Rate Component			29.111			29.111
13.Plus: ROE/Use Rate			11.020			11.020
14.Total Current Period Base			636.949			752.145
15.Prospective Rate: Line 11 x Inflation 1.06116649	184.919	448.405	633.324	184.919	570.647	755.566
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	184.919	448.405	633.324	184.919	570.647	755.566
19.Property Rate Component			29.111			29.111
20.ROE Component + ROE Interim Component			11.020			11.020
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>673.45</b>			<b>795.70</b>
23.Medicaid Days			365			7,946
24.Resident Days			365			7,946
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			63.59			74.45
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>779.17</b>			<b>912.28</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028041101 - 2024/07

RI: 716.98

NM: 863.33

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.196	267.315	375.511	144.779	406.931	551.710
2.Inflate Line 1 by Inflation Factor 1.00000000	108.196	267.315	375.511	144.779	406.931	551.710
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	108.196	267.315	375.511	144.779	406.931	551.710
4.Current Period Cost	159.817	370.290	530.107	159.817	495.482	655.299
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	159.817	370.290	530.107	159.817	495.482	655.299
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)	159.817	370.290	530.107	159.817	495.482	655.299
12.Plus: Property Rate Component			41.811			41.811
13.Plus: ROE/Use Rate			5.371			5.371
14.Total Current Period Base			577.289			702.480
15.Prospective Rate: Line 11 x Inflation 1.07365911	171.589	397.565	569.154	171.589	531.978	703.567
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	171.589	397.565	569.154	171.589	531.978	703.567
19.Property Rate Component			41.811			41.811
20.ROE Component + ROE Interim Component			5.371			5.371
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>616.34</b>			<b>750.75</b>
23.Medicaid Days			0			8,290
24.Resident Days			0			8,290
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			58.51			70.46
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>716.98</b>			<b>863.33</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028045301 - 2024/07

RI: 864.75

NM: 1054.66

MCP Braddock

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
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:	112.828	295.071	407.899	162.676	506.730	669.406
2.Inflate Line 1 by Inflation Factor 1.00000000	112.828	295.071	407.899	162.676	506.730	669.406
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	112.828	295.071	407.899	162.676	506.730	669.406
4.Current Period Cost	195.395	452.323	647.718	195.395	614.774	810.169
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	195.395	452.323	647.718	195.395	614.774	810.169
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)	195.395	452.323	647.718	195.395	614.774	810.169
12.Plus: Property Rate Component			49.877			49.877
13.Plus: ROE/Use Rate			6.739			6.739
14.Total Current Period Base			704.334			866.785
15.Prospective Rate: Line 11 x Inflation 1.07365911	209.788	485.641	695.428	209.788	660.058	869.845
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	209.788	485.641	695.428	209.788	660.058	869.845
19.Property Rate Component			49.877			49.877
20.ROE Component + ROE Interim Component			6.739			6.739
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>752.04</b>			<b>926.46</b>
23.Medicaid Days			0			8,508
24.Resident Days			0			8,508
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			70.57			86.07
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>864.75</b>			<b>1054.66</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028046101 - 2024/07

RI: 767.59

NM: 940.76

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
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:	110.890	288.648	399.537	156.451	445.435	601.887
2.Inflate Line 1 by Inflation Factor 1.00000000	110.890	288.648	399.537	156.451	445.435	601.887
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	110.890	288.648	399.537	156.451	445.435	601.887
4.Current Period Cost	181.025	390.692	571.717	181.025	538.817	719.842
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	181.025	390.692	571.717	181.025	538.817	719.842
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)	181.025	390.692	571.717	181.025	538.817	719.842
12.Plus: Property Rate Component			41.835			41.835
13.Plus: ROE/Use Rate			7.155			7.155
14.Total Current Period Base			620.707			768.832
15.Prospective Rate: Line 11 x Inflation 1.07365911	194.359	419.470	613.829	194.359	578.505	772.864
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	194.359	419.470	613.829	194.359	578.505	772.864
19.Property Rate Component			41.835			41.835
20.ROE Component + ROE Interim Component			7.155			7.155
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>662.82</b>			<b>821.85</b>
23.Medicaid Days			0			8,593
24.Resident Days			0			8,593
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			62.64			76.77
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>767.59</b>			<b>940.76</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028048801 - 2024/07

RI: 721.78

NM: 894.19

MCP Sunset

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
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:	109.970	276.509	386.479	145.299	438.002	583.300
2.Inflate Line 1 by Inflation Factor 1.00000000	109.970	276.509	386.479	145.299	438.002	583.300
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	109.970	276.509	386.479	145.299	438.002	583.300
4.Current Period Cost	166.950	367.929	534.879	166.950	515.408	682.358
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	166.950	367.929	534.879	166.950	515.408	682.358
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)	166.950	367.929	534.879	166.950	515.408	682.358
12.Plus: Property Rate Component			40.700			40.700
13.Plus: ROE/Use Rate			5.768			5.768
14.Total Current Period Base			581.346			728.825
15.Prospective Rate: Line 11 x Inflation 1.07365911	179.247	395.031	574.278	179.247	553.373	732.620
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	179.247	395.031	574.278	179.247	553.373	732.620
19.Property Rate Component			40.700			40.700
20.ROE Component + ROE Interim Component			5.768			5.768
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>620.74</b>			<b>779.09</b>
23.Medicaid Days			0			8,685
24.Resident Days			0			8,685
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			58.90			72.97
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>721.78</b>			<b>894.19</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028049601 - 2024/07

RI: 818.00

NM: 1135.99

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	87.480	316.287	403.767	87.480	458.553	546.033
2.Inflate Line 1 by Inflation Factor 1.00000000	87.480	316.287	403.767	87.480	458.553	546.033
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	87.480	316.287	403.767	87.480	458.553	546.033
4.Current Period Cost	152.461	490.753	643.214	152.461	762.760	915.221
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	152.461	490.753	643.214	152.461	762.760	915.221
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)	152.461	490.753	643.214	152.461	762.760	915.221
12.Plus: Property Rate Component			10.000			10.000
13.Plus: ROE/Use Rate			8.518			8.518
14.Total Current Period Base			661.732			933.739
15.Prospective Rate: Line 11 x Inflation 1.07365911	163.691	526.901	690.592	163.691	818.944	982.635
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	163.691	526.901	690.592	163.691	818.944	982.635
19.Property Rate Component			10.000			10.000
20.ROE Component + ROE Interim Component			8.518			8.518
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>709.11</b>			<b>1001.15</b>
23.Medicaid Days			2,861			4,259
24.Resident Days			2,861			4,259
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			66.76			92.71
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>818.00</b>			<b>1135.99</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028059300 - 2024/07

RI: 476.88

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	44.964	215.577	260.541	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	44.964	215.577	260.541	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	44.964	215.577	260.541	0.000	0.000	0.000
4.Current Period Cost	62.898	291.331	354.229	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	62.898	291.331	354.229	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)	62.898	291.331	354.229	0.000	0.000	0.000
12.Plus: Property Rate Component			11.086			0.000
13.Plus: ROE/Use Rate			4.422			0.000
14.Total Current Period Base			369.737			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	67.531	312.790	380.322	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	67.531	312.790	380.322	0.000	0.000	0.000
19.Property Rate Component			11.086			0.000
20.ROE Component + ROE Interim Component			4.422			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>395.83</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			38.92			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>476.88</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028062300 - 2024/07

RI: 533.77

NM: 639.73

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	54.820	243.850	298.670	54.820	304.787	359.606
2.Inflate Line 1 by Inflation Factor 1.00000000	54.820	243.850	298.670	54.820	304.787	359.606
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	54.820	243.850	298.670	54.820	304.787	359.606
4.Current Period Cost	69.418	322.358	391.776	69.418	412.998	482.416
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	69.418	322.358	391.776	69.418	412.998	482.416
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)	69.418	322.358	391.776	69.418	412.998	482.416
12.Plus: Property Rate Component			22.243			22.243
13.Plus: ROE/Use Rate			5.200			5.200
14.Total Current Period Base			419.219			509.859
15.Prospective Rate: Line 11 x Inflation 1.07365911	74.531	346.103	420.634	74.531	443.419	517.951
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	74.531	346.103	420.634	74.531	443.419	517.951
19.Property Rate Component			22.243			22.243
20.ROE Component + ROE Interim Component			5.200			5.200
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>448.08</b>			<b>545.39</b>
23.Medicaid Days			1,095			730
24.Resident Days			1,095			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.56			52.21
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>533.77</b>			<b>639.73</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028065800 - 2024/07

RI: 532.62

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	52.757	267.342	320.098	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	52.757	267.342	320.098	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	52.757	267.342	320.098	0.000	0.000	0.000
4.Current Period Cost	71.792	330.010	401.801	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	71.792	330.010	401.801	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)	71.792	330.010	401.801	0.000	0.000	0.000
12.Plus: Property Rate Component			10.646			0.000
13.Plus: ROE/Use Rate			4.977			0.000
14.Total Current Period Base			417.424			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	77.080	354.318	431.398	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	77.080	354.318	431.398	0.000	0.000	0.000
19.Property Rate Component			10.646			0.000
20.ROE Component + ROE Interim Component			4.977			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>447.02</b>			<b>0.00</b>
23.Medicaid Days			1,954			0
24.Resident Days			1,954			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			43.47			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>532.62</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028427100 - 2024/07

RI: 445.10

NM: 558.70

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2022	2/28/2023	Unaudited Costs	202307
Prior Cost Report	3/1/2021	2/28/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.712	156.149	232.861	76.712	230.642	307.354
2.Inflate Line 1 by Inflation Factor 1.06957272	82.049	167.013	249.062	82.049	246.688	328.738
3.Line 1 X 1.4000 X Inflation Factor 1.09740181	84.184	171.358	255.543	84.184	253.107	337.291
4.Current Period Cost	86.200	199.699	285.898	86.200	285.153	371.353
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	84.184	171.358	255.543	84.184	253.107	337.291
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)	84.184	171.358	255.543	84.184	253.107	337.291
12.Plus: Property Rate Component			28.287			28.287
13.Plus: ROE/Use Rate			0.389			0.389
14.Total Current Period Base			284.218			365.967
15.Prospective Rate: Line 11 x Inflation 1.09342305	92.049	187.367	279.416	92.049	276.753	368.802
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	92.049	187.367	279.416	92.049	276.753	368.802
19.Property Rate Component			28.287			28.287
20.ROE Component + ROE Interim Component			0.389			0.389
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>308.09</b>			<b>397.48</b>
23.Medicaid Days			6,870			15,604
24.Resident Days			6,870			15,604
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			31.12			39.06
28.Plus: \$15 Wage Increase			32.08			40.26
29.Plus: Restore 7-2021 Reduction			31.68			39.77
<b>30.Final Per Diem After Adjustments</b>			<b>445.10</b>			<b>558.70</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028500500 - 2024/07

RI: 584.37

NM: 0.00

Naranja Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.710	233.481	280.190	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	46.710	233.481	280.190	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	46.710	233.481	280.190	0.000	0.000	0.000
4.Current Period Cost	66.608	301.181	367.789	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	66.608	301.181	367.789	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)	66.608	301.181	367.789	0.000	0.000	0.000
12.Plus: Property Rate Component			61.662			0.000
13.Plus: ROE/Use Rate			38.008			0.000
14.Total Current Period Base			467.459			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	71.514	323.366	394.880	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	71.514	323.366	394.880	0.000	0.000	0.000
19.Property Rate Component			61.662			0.000
20.ROE Component + ROE Interim Component			38.008			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>494.55</b>			<b>0.00</b>
23.Medicaid Days			4,246			0
24.Resident Days			4,246			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			47.69			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>584.37</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028505600 - 2024/07

RI: 831.63

NM: 1231.02

**PARC Cottage**

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.637	282.243	361.880	79.637	495.270	574.907
2.Inflate Line 1 by Inflation Factor 1.00000000	79.637	282.243	361.880	79.637	495.270	574.907
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	79.637	282.243	361.880	79.637	495.270	574.907
4.Current Period Cost	179.855	476.920	656.776	179.855	822.573	1002.428
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	179.855	476.920	656.776	179.855	822.573	1002.428
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)	179.855	476.920	656.776	179.855	822.573	1002.428
12.Plus: Property Rate Component			20.903			20.903
13.Plus: ROE/Use Rate			3.780			3.780
14.Total Current Period Base			681.459			1027.111
15.Prospective Rate: Line 11 x Inflation 1.06116649	190.856	506.092	696.948	190.856	872.887	1063.743
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	190.856	506.092	696.948	190.856	872.887	1063.743
19.Property Rate Component			20.903			20.903
20.ROE Component + ROE Interim Component			3.780			3.780
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>721.63</b>			<b>1088.43</b>
23.Medicaid Days			3,611			2,070
24.Resident Days			3,611			2,070
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			67.87			100.46
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>831.63</b>			<b>1231.02</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028512900 - 2024/07

RI: 642.97

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
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:	41.396	202.208	243.605	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	41.396	202.208	243.605	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	41.396	202.208	243.605	0.000	0.000	0.000
4.Current Period Cost	132.834	374.747	507.581	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	132.834	374.747	507.581	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)	132.834	374.747	507.581	0.000	0.000	0.000
12.Plus: Property Rate Component			8.956			0.000
13.Plus: ROE/Use Rate			0.789			0.000
14.Total Current Period Base			517.325			0.000
15.Prospective Rate: Line 11 x Inflation 1.06116649	140.959	397.669	538.628	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	140.959	397.669	538.628	0.000	0.000	0.000
19.Property Rate Component			8.956			0.000
20.ROE Component + ROE Interim Component			0.789			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>548.37</b>			<b>0.00</b>
23.Medicaid Days			17,819			0
24.Resident Days			17,819			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			52.47			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>642.97</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028513700 - 2024/07

RI: 576.58

NM: 655.00

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	107.871	171.833	279.704	107.871	219.560	327.430
2.Inflate Line 1 by Inflation Factor 1.00000000	107.871	171.833	279.704	107.871	219.560	327.430
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	107.871	171.833	279.704	107.871	219.560	327.430
4.Current Period Cost	239.618	213.604	453.223	239.618	281.471	521.089
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	239.618	213.604	453.223	239.618	281.471	521.089
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)	239.618	213.604	453.223	239.618	281.471	521.089
12.Plus: Property Rate Component			4.367			4.367
13.Plus: ROE/Use Rate			2.084			2.084
14.Total Current Period Base			459.673			527.540
15.Prospective Rate: Line 11 x Inflation 1.06116649	254.275	226.670	480.945	254.275	298.688	552.962
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	254.275	226.670	480.945	254.275	298.688	552.962
19.Property Rate Component			4.367			4.367
20.ROE Component + ROE Interim Component			2.084			2.084
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>487.40</b>			<b>559.41</b>
23.Medicaid Days			2,555			8,213
24.Resident Days			2,555			8,213
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			47.05			53.45
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>576.58</b>			<b>655.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028519600 - 2024/07

RI: 632.66

NM: 0.00

**BARC Housing, Inc.**

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	108.296	247.851	356.146	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	108.296	247.851	356.146	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	108.296	247.851	356.146	0.000	0.000	0.000
4.Current Period Cost	141.776	339.264	481.039	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	141.776	339.264	481.039	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)	141.776	339.264	481.039	0.000	0.000	0.000
12.Plus: Property Rate Component			21.694			0.000
13.Plus: ROE/Use Rate			6.742			0.000
14.Total Current Period Base			509.475			0.000
15.Prospective Rate: Line 11 x Inflation 1.06116649	150.447	360.015	510.462	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	150.447	360.015	510.462	0.000	0.000	0.000
19.Property Rate Component			21.694			0.000
20.ROE Component + ROE Interim Component			6.742			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>538.90</b>			<b>0.00</b>
23.Medicaid Days			12,822			0
24.Resident Days			12,822			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			51.63			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>632.66</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028521800 - 2024/07

RI: 613.50

NM: 778.38

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	73.812	237.405	311.217	73.812	346.172	419.984
2.Inflate Line 1 by Inflation Factor 1.00000000	73.812	237.405	311.217	73.812	346.172	419.984
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	73.812	237.405	311.217	73.812	346.172	419.984
4.Current Period Cost	129.623	345.148	474.771	129.623	487.849	617.472
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	129.623	345.148	474.771	129.623	487.849	617.472
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)	129.623	345.148	474.771	129.623	487.849	617.472
12.Plus: Property Rate Component			17.488			17.488
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			492.259			634.960
15.Prospective Rate: Line 11 x Inflation 1.06116649	137.552	366.259	503.811	137.552	517.689	655.240
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	137.552	366.259	503.811	137.552	517.689	655.240
19.Property Rate Component			17.488			17.488
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>521.30</b>			<b>672.73</b>
23.Medicaid Days			1,095			15,728
24.Resident Days			1,095			15,728
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			50.07			63.52
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>613.50</b>			<b>778.38</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028531500 - 2024/07

RI: 553.54

NM: 718.26

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	141.568	223.888	365.456	141.568	339.018	480.586
2.Inflate Line 1 by Inflation Factor 1.00000000	141.568	223.888	365.456	141.568	339.018	480.586
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	141.568	223.888	365.456	141.568	339.018	480.586
4.Current Period Cost	147.156	258.950	406.106	147.156	399.850	547.006
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	147.156	258.950	406.106	147.156	399.850	547.006
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)	147.156	258.950	406.106	147.156	399.850	547.006
12.Plus: Property Rate Component			21.333			21.333
13.Plus: ROE/Use Rate			8.886			8.886
14.Total Current Period Base			436.324			577.224
15.Prospective Rate: Line 11 x Inflation 1.07365911	157.995	278.024	436.019	157.995	429.303	587.298
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	157.995	278.024	436.019	157.995	429.303	587.298
19.Property Rate Component			21.333			21.333
20.ROE Component + ROE Interim Component			8.886			8.886
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>466.24</b>			<b>617.52</b>
23.Medicaid Days			2,041			5,433
24.Resident Days			2,041			5,433
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			45.17			58.62
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>553.54</b>			<b>718.26</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028533100 - 2024/07

RI: 677.55

NM: 881.01

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	114.771	282.386	397.156	114.771	416.391	531.161
2.Inflate Line 1 by Inflation Factor 1.00000000	114.771	282.386	397.156	114.771	416.391	531.161
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	114.771	282.386	397.156	114.771	416.391	531.161
4.Current Period Cost	135.982	377.078	513.061	135.982	551.117	687.099
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	135.982	377.078	513.061	135.982	551.117	687.099
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)	135.982	377.078	513.061	135.982	551.117	687.099
12.Plus: Property Rate Component			20.747			20.747
13.Plus: ROE/Use Rate			8.523			8.523
14.Total Current Period Base			542.330			716.369
15.Prospective Rate: Line 11 x Inflation 1.07365911	145.999	404.853	550.852	145.999	591.712	737.711
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	145.999	404.853	550.852	145.999	591.712	737.711
19.Property Rate Component			20.747			20.747
20.ROE Component + ROE Interim Component			8.523			8.523
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>580.12</b>			<b>766.98</b>
23.Medicaid Days			730			7,374
24.Resident Days			730			7,374
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			55.29			71.90
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>677.55</b>			<b>881.01</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028536600 - 2024/07

RI: 456.42

NM: 592.43

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	52.623	202.110	254.733	52.623	239.427	292.050
2.Inflate Line 1 by Inflation Factor 1.00000000	52.623	202.110	254.733	52.623	239.427	292.050
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	52.623	202.110	254.733	52.623	239.427	292.050
4.Current Period Cost	87.516	220.579	308.095	87.516	336.921	424.437
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	87.516	220.579	308.095	87.516	336.921	424.437
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)	87.516	220.579	308.095	87.516	336.921	424.437
12.Plus: Property Rate Component			40.775			40.775
13.Plus: ROE/Use Rate			5.479			5.479
14.Total Current Period Base			354.349			470.691
15.Prospective Rate: Line 11 x Inflation 1.07365911	93.962	236.827	330.789	93.962	361.738	455.700
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	93.962	236.827	330.789	93.962	361.738	455.700
19.Property Rate Component			40.775			40.775
20.ROE Component + ROE Interim Component			5.479			5.479
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>377.04</b>			<b>501.95</b>
23.Medicaid Days			0			2,190
24.Resident Days			0			2,190
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			37.25			48.35
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>456.42</b>			<b>592.43</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028537400 - 2024/07

RI: 563.02

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	54.110	216.027	270.137	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	54.110	216.027	270.137	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	54.110	216.027	270.137	0.000	0.000	0.000
4.Current Period Cost	85.860	319.388	405.248	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	85.860	319.388	405.248	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)	85.860	319.388	405.248	0.000	0.000	0.000
12.Plus: Property Rate Component			34.754			0.000
13.Plus: ROE/Use Rate			5.089			0.000
14.Total Current Period Base			445.091			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	92.185	342.914	435.099	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	92.185	342.914	435.099	0.000	0.000	0.000
19.Property Rate Component			34.754			0.000
20.ROE Component + ROE Interim Component			5.089			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>474.94</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			45.95			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>563.02</b>			<b>0.00</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2024/07

RI: 690.52

NM: 842.19

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2022	5/31/2023	Unaudited Costs	202307
Prior Cost Report	6/1/2021	5/31/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	133.880	232.737	366.617	133.880	338.482	472.362
2.Inflate Line 1 by Inflation Factor 1.06629505	142.756	248.166	390.922	142.756	360.922	503.678
3.Line 1 X 1.4000 X Inflation Factor 1.09281307	146.306	254.337	400.644	146.306	369.898	516.204
4.Current Period Cost	183.972	256.307	440.279	183.972	360.132	544.104
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	9.766	
6.Allowed Current Period Costs	146.306	254.337	400.644	146.306	360.132	506.438
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	4.883	4.883
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	10.804	10.804
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	4.883	4.883
10.Final Incentive	0.000	0.000	0.000	0.000	4.883	4.883
11.Current Period Base: (line 6 + line 10)	146.306	254.337	400.644	146.306	365.015	511.321
12.Plus: Property Rate Component			62.598			62.598
13.Plus: ROE/Use Rate			6.601			6.601
14.Total Current Period Base			469.843			580.520
15.Prospective Rate: Line 11 x Inflation 1.07825850	157.756	274.242	431.997	157.756	393.580	551.336
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	157.756	274.242	431.997	157.756	393.580	551.336
19.Property Rate Component			62.598			62.598
20.ROE Component + ROE Interim Component			6.601			6.601
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>501.20</b>			<b>620.54</b>
23.Medicaid Days		2,866			5,726	
24.Resident Days		2,866			5,726	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			48.28			58.88
28.Plus: \$15 Wage Increase			49.76			60.69
29.Plus: Restore 7-2021 Reduction			49.15			59.95
<b>30.Final Per Diem After Adjustments</b>			<b>690.52</b>			<b>842.19</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028541200 - 2024/07

RI: 540.31

NM: 619.66

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.314	200.989	249.303	48.314	239.441	287.755
2.Inflate Line 1 by Inflation Factor 1.00000000	48.314	200.989	249.303	48.314	239.441	287.755
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	48.314	200.989	249.303	48.314	239.441	287.755
4.Current Period Cost	88.505	308.775	397.280	88.505	376.657	465.162
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	88.505	308.775	397.280	88.505	376.657	465.162
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)	88.505	308.775	397.280	88.505	376.657	465.162
12.Plus: Property Rate Component			19.815			19.815
13.Plus: ROE/Use Rate			7.724			7.724
14.Total Current Period Base			424.819			492.701
15.Prospective Rate: Line 11 x Inflation 1.07365911	95.024	331.519	426.543	95.024	404.402	499.426
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	95.024	331.519	426.543	95.024	404.402	499.426
19.Property Rate Component			19.815			19.815
20.ROE Component + ROE Interim Component			7.724			7.724
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>454.08</b>			<b>526.96</b>
23.Medicaid Days			1,460			730
24.Resident Days			1,460			730
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.09			50.57
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>540.31</b>			<b>619.66</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028547100 - 2024/07

RI: 492.24

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.790	211.864	263.654	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	51.790	211.864	263.654	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	51.790	211.864	263.654	0.000	0.000	0.000
4.Current Period Cost	60.516	301.731	362.248	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	60.516	301.731	362.248	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)	60.516	301.731	362.248	0.000	0.000	0.000
12.Plus: Property Rate Component			16.101			0.000
13.Plus: ROE/Use Rate			4.905			0.000
14.Total Current Period Base			383.253			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	64.974	323.956	388.930	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	64.974	323.956	388.930	0.000	0.000	0.000
19.Property Rate Component			16.101			0.000
20.ROE Component + ROE Interim Component			4.905			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>409.94</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			40.17			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>492.24</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028548000 - 2024/07

RI: 545.15

NM: 657.04

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	54.318	204.548	258.866	54.318	299.010	353.328
2.Inflate Line 1 by Inflation Factor 1.00000000	54.318	204.548	258.866	54.318	299.010	353.328
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	54.318	204.548	258.866	54.318	299.010	353.328
4.Current Period Cost	77.757	326.500	404.257	77.757	422.213	499.969
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	77.757	326.500	404.257	77.757	422.213	499.969
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)	77.757	326.500	404.257	77.757	422.213	499.969
12.Plus: Property Rate Component			18.448			18.448
13.Plus: ROE/Use Rate			6.047			6.047
14.Total Current Period Base			428.752			524.464
15.Prospective Rate: Line 11 x Inflation 1.07365911	83.484	350.550	434.034	83.484	453.312	536.797
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	83.484	350.550	434.034	83.484	453.312	536.797
19.Property Rate Component			18.448			18.448
20.ROE Component + ROE Interim Component			6.047			6.047
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>458.53</b>			<b>561.29</b>
23.Medicaid Days			1,460			365
24.Resident Days			1,460			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.49			53.62
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>545.15</b>			<b>657.04</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028552800 - 2024/07

RI: 418.72

NM: 503.80

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.726	176.606	232.332	55.726	225.763	281.488
2.Inflate Line 1 by Inflation Factor 1.00000000	55.726	176.606	232.331	55.726	225.763	281.488
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	55.726	176.606	232.331	55.726	225.763	281.488
4.Current Period Cost	54.894	252.630	307.524	54.894	325.403	380.297
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	54.894	252.630	307.524	54.894	325.403	380.297
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)	54.894	252.630	307.524	54.894	325.403	380.297
12.Plus: Property Rate Component			7.333			7.333
13.Plus: ROE/Use Rate			4.913			4.913
14.Total Current Period Base			319.770			392.543
15.Prospective Rate: Line 11 x Inflation 1.07365911	58.937	271.239	330.176	58.937	349.372	408.309
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	58.937	271.239	330.176	58.937	349.372	408.309
19.Property Rate Component			7.333			7.333
20.ROE Component + ROE Interim Component			4.913			4.913
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>342.42</b>			<b>420.56</b>
23.Medicaid Days			903			1,077
24.Resident Days			903			1,077
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			34.17			41.11
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>418.72</b>			<b>503.80</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028553600 - 2024/07

RI: 495.73

NM: 601.42

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	55.670	234.448	290.118	57.196	290.181	347.377
2.Inflate Line 1 by Inflation Factor 1.00000000 *	57.510	262.218	319.728	57.196	290.181	347.377
3.Line 1 X 1.4000 X Inflation Factor 1.00000000 *	57.510	262.218	319.728	57.196	290.181	347.377
4.Current Period Cost *	52.780	315.783	368.562	52.780	406.189	458.969
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	52.780	315.783	368.562	52.780	406.189	458.969
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)	52.780	315.783	368.562	52.780	406.189	458.969
12.Plus: Property Rate Component			12.094			12.094
13.Plus: ROE/Use Rate			5.337			5.337
14.Total Current Period Base			385.993			476.400
15.Prospective Rate: Line 11 x Inflation 1.07365911	56.667	339.043	395.710	56.667	436.109	492.776
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	56.667	339.043	395.710	56.667	436.109	492.776
19.Property Rate Component			12.094			12.094
20.ROE Component + ROE Interim Component *			5.337			5.337
21.Plus: Property Interim Rate Component *			0.000			0.000
<b>22.Final Per Diem</b>			<b>413.14</b>			<b>510.21</b>
23.Medicaid Days			1,547			367
24.Resident Days			1,547			367
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			40.46			49.08
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>495.73</b>			<b>601.42</b>

\* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028557900 - 2024/07

RI: 534.78

NM: 648.14

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.258	210.437	257.696	48.979	283.601	332.580
2.Inflate Line 1 by Inflation Factor 1.00000000	47.258	210.437	257.696	48.979	283.601	332.580
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	47.258	210.437	257.696	48.979	283.601	332.580
4.Current Period Cost	72.163	329.501	401.663	72.163	426.465	498.628
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	72.163	329.501	401.663	72.163	426.465	498.628
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)	72.163	329.501	401.663	72.163	426.465	498.628
12.Plus: Property Rate Component			12.768			12.768
13.Plus: ROE/Use Rate			4.994			4.994
14.Total Current Period Base			419.425			516.390
15.Prospective Rate: Line 11 x Inflation 1.07365911	77.478	353.771	431.249	77.478	457.878	535.356
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	77.478	353.771	431.249	77.478	457.878	535.356
19.Property Rate Component			12.768			12.768
20.ROE Component + ROE Interim Component			4.994			4.994
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>449.01</b>			<b>553.12</b>
23.Medicaid Days			1,826			30
24.Resident Days			1,826			30
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.64			52.89
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>534.78</b>			<b>648.14</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028558700 - 2024/07

RI: 569.11

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.005	236.687	287.692	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	51.005	236.687	287.692	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	51.005	236.687	287.692	0.000	0.000	0.000
4.Current Period Cost	76.327	348.198	424.526	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	76.327	348.198	424.526	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)	76.327	348.198	424.526	0.000	0.000	0.000
12.Plus: Property Rate Component			18.694			0.000
13.Plus: ROE/Use Rate			6.048			0.000
14.Total Current Period Base			449.267			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	81.950	373.846	455.796	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	81.950	373.846	455.796	0.000	0.000	0.000
19.Property Rate Component			18.694			0.000
20.ROE Component + ROE Interim Component			6.048			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>480.54</b>			<b>0.00</b>
23.Medicaid Days			1,912			0
24.Resident Days			1,912			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			46.44			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>569.11</b>			<b>0.00</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028559500 - 2024/07

RI: 527.20

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.251	225.573	272.824	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	47.251	225.573	272.824	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	47.251	225.573	272.824	0.000	0.000	0.000
4.Current Period Cost	72.718	320.934	393.651	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	72.718	320.934	393.651	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)	72.718	320.934	393.651	0.000	0.000	0.000
12.Plus: Property Rate Component			13.122			0.000
13.Plus: ROE/Use Rate			6.273			0.000
14.Total Current Period Base			413.047			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	78.074	344.573	422.647	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	78.074	344.573	422.647	0.000	0.000	0.000
19.Property Rate Component			13.122			0.000
20.ROE Component + ROE Interim Component			6.273			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>442.04</b>			<b>0.00</b>
23.Medicaid Days			2,068			0
24.Resident Days			2,068			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			43.02			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>527.20</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028560900 - 2024/07

RI: 489.91

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.599	231.133	278.731	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	47.599	231.133	278.731	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	47.599	231.133	278.731	0.000	0.000	0.000
4.Current Period Cost	66.875	300.854	367.729	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	66.875	300.854	367.729	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)	66.875	300.854	367.729	0.000	0.000	0.000
12.Plus: Property Rate Component			7.525			0.000
13.Plus: ROE/Use Rate			5.459			0.000
14.Total Current Period Base			380.713			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	71.801	323.015	394.816	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	71.801	323.015	394.816	0.000	0.000	0.000
19.Property Rate Component			7.525			0.000
20.ROE Component + ROE Interim Component			5.459			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>407.80</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			39.98			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>489.91</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028561700 - 2024/07

RI: 535.25

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.633	256.912	308.545	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	51.633	256.912	308.545	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	51.633	256.912	308.545	0.000	0.000	0.000
4.Current Period Cost	65.096	335.494	400.590	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	65.096	335.494	400.590	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)	65.096	335.494	400.590	0.000	0.000	0.000
12.Plus: Property Rate Component			13.713			0.000
13.Plus: ROE/Use Rate			5.630			0.000
14.Total Current Period Base			419.933			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	69.891	360.206	430.097	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	69.891	360.206	430.097	0.000	0.000	0.000
19.Property Rate Component			13.713			0.000
20.ROE Component + ROE Interim Component			5.630			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>449.44</b>			<b>0.00</b>
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			43.68			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>535.25</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028565000 - 2024/07

RI: 634.92

NM: 771.78

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2021	11/30/2022	Unaudited Costs	202307
Prior Cost Report	12/1/2020	11/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	100.684	264.730	365.413	100.684	361.844	462.528
2.Inflate Line 1 by Inflation Factor 1.06945867	107.677	283.117	390.794	107.677	386.977	494.654
3.Line 1 X 1.4000 X Inflation Factor 1.09724214	110.474	290.472	400.947	110.474	397.031	507.505
4.Current Period Cost	110.873	272.973	383.846	110.873	367.097	477.970
5.Incentive Basis (line 3 - line 4)	0.000	17.499		0.000	29.933	
6.Allowed Current Period Costs	110.474	272.973	383.448	110.474	367.097	477.571
7.Incentive Line 5 x Oper 50% Res 50%	0.000	8.750	8.750	0.000	14.967	14.967
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.189	8.189	0.000	11.013	11.013
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	8.189	8.189	0.000	11.013	11.013
10.Final Incentive	0.000	8.189	8.189	0.000	11.013	11.013
11.Current Period Base: (line 6 + line 10)	110.474	281.162	391.637	110.474	378.110	488.584
12.Plus: Property Rate Component			22.336			22.336
13.Plus: ROE/Use Rate			0.100			0.100
14.Total Current Period Base			414.072			511.020
15.Prospective Rate: Line 11 x Inflation 1.11075930	122.710	312.304	435.014	122.710	419.989	542.700
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	122.710	312.304	435.014	122.710	419.989	542.700
19.Property Rate Component			22.336			22.336
20.ROE Component + ROE Interim Component			0.100			0.100
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>457.45</b>			<b>565.14</b>
23.Medicaid Days			9,694			12,286
24.Resident Days			9,694			12,286
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.39			53.96
28.Plus: \$15 Wage Increase			45.75			55.62
29.Plus: Restore 7-2021 Reduction			45.20			54.94
<b>30.Final Per Diem After Adjustments</b>			<b>634.92</b>			<b>771.78</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028566800 - 2024/07

RI: 632.35

NM: 744.40

Washington Square

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2021	11/30/2022	Unaudited Costs	202307
Prior Cost Report	12/1/2020	11/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.996	257.604	359.600	101.996	327.011	429.007
2.Inflate Line 1 by Inflation Factor 1.06945867	109.081	275.497	384.578	109.081	349.724	458.805
3.Line 1 X 1.4000 X Inflation Factor 1.09724214	111.914	282.654	394.569	111.914	358.810	470.724
4.Current Period Cost	109.430	272.333	381.763	109.430	354.920	464.350
5.Incentive Basis (line 3 - line 4)	2.484	10.321		2.484	3.890	
6.Allowed Current Period Costs	109.430	272.333	381.763	109.430	354.920	464.350
7.Incentive Line 5 x Oper 50% Res 50%	1.242	5.161	6.403	1.242	1.945	3.187
8.Incentive - Line 4 x Oper 10% Res 3%	10.943	8.170	19.113	10.943	10.648	21.591
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.242	5.161	6.403	1.242	1.945	3.187
10.Final Incentive	1.242	5.161	6.403	1.242	1.945	3.187
11.Current Period Base: (line 6 + line 10)	110.672	277.494	388.166	110.672	356.865	467.537
12.Plus: Property Rate Component			23.757			23.757
13.Plus: ROE/Use Rate			0.508			0.508
14.Total Current Period Base			412.431			491.802
15.Prospective Rate: Line 11 x Inflation 1.11075930	122.930	308.229	431.159	122.930	396.391	519.321
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	122.930	308.229	431.159	122.930	396.391	519.321
19.Property Rate Component			23.757			23.757
20.ROE Component + ROE Interim Component			0.508			0.508
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>455.42</b>			<b>543.59</b>
23.Medicaid Days			3,221			17,289
24.Resident Days			3,221			17,289
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.21			52.05
28.Plus: \$15 Wage Increase			45.57			53.64
29.Plus: Restore 7-2021 Reduction			45.01			52.99
<b>30.Final Per Diem After Adjustments</b>			<b>632.35</b>			<b>744.40</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028567600 - 2024/07

RI: 615.17

NM: 753.34

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2021	11/30/2022	Unaudited Costs	202307
Prior Cost Report	12/1/2020	11/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	97.492	257.114	354.606	97.492	347.783	445.275
2.Inflate Line 1 by Inflation Factor 1.06945867	104.263	274.973	379.236	104.263	371.940	476.203
3.Line 1 X 1.4000 X Inflation Factor 1.09724214	106.972	282.116	389.088	106.972	381.602	488.574
4.Current Period Cost	102.879	264.055	366.935	102.879	359.081	461.960
5.Incentive Basis (line 3 - line 4)	4.093	18.061		4.093	22.522	
6.Allowed Current Period Costs	102.879	264.055	366.935	102.879	359.081	461.960
7.Incentive Line 5 x Oper 50% Res 50%	2.046	9.031	11.077	2.046	11.261	13.307
8.Incentive - Line 4 x Oper 10% Res 3%	10.288	7.922	18.210	10.288	10.772	21.060
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.046	7.922	9.968	2.046	10.772	12.819
10.Final Incentive	2.046	7.922	9.968	2.046	10.772	12.819
11.Current Period Base: (line 6 + line 10)	104.926	271.977	376.903	104.926	369.853	474.779
12.Plus: Property Rate Component			22.962			22.962
13.Plus: ROE/Use Rate			0.299			0.299
14.Total Current Period Base			400.163			498.039
15.Prospective Rate: Line 11 x Inflation 1.11075930	116.547	302.101	418.648	116.547	410.818	527.365
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	116.547	302.101	418.648	116.547	410.818	527.365
19.Property Rate Component			22.962			22.962
20.ROE Component + ROE Interim Component			0.299			0.299
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>441.91</b>			<b>550.62</b>
23.Medicaid Days		6,748			15,435	
24.Resident Days		6,748			15,435	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			43.01			52.67
28.Plus: \$15 Wage Increase			44.33			54.29
29.Plus: Restore 7-2021 Reduction			43.79			53.63
<b>30.Final Per Diem After Adjustments</b>			<b>615.17</b>			<b>753.34</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028568400 - 2024/07

RI: 621.66

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.474	223.818	272.292	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.00000000	48.474	223.818	272.292	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	48.474	223.818	272.292	0.000	0.000	0.000
4.Current Period Cost	79.456	388.136	467.591	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	79.456	388.136	467.591	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)	79.456	388.136	467.591	0.000	0.000	0.000
12.Plus: Property Rate Component			20.470			0.000
13.Plus: ROE/Use Rate			6.294			0.000
14.Total Current Period Base			494.355			0.000
15.Prospective Rate: Line 11 x Inflation 1.07365911	85.308	416.725	502.034	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	85.308	416.725	502.034	0.000	0.000	0.000
19.Property Rate Component			20.470			0.000
20.ROE Component + ROE Interim Component			6.294			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>528.80</b>			<b>0.00</b>
23.Medicaid Days			1,857			0
24.Resident Days			1,857			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$42.13)			42.13			0.00
27.Plus: Buy Back QAF (0.088860490)			50.73			0.00
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>621.66</b>			<b>0.00</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

028569200 - 2024/07

RI: 429.60

NM: 623.18

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2022	6/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	7/1/2021	6/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.994	167.523	228.517	60.994	295.493	356.487
2.Inflate Line 1 by Inflation Factor 1.00000000	60.994	167.523	228.517	60.994	295.493	356.487
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	60.994	167.523	228.517	60.994	295.493	356.487
4.Current Period Cost	79.012	212.857	291.870	79.012	378.440	457.453
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	79.012	212.857	291.870	79.012	378.440	457.453
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)	79.012	212.857	291.870	79.012	378.440	457.453
12.Plus: Property Rate Component			30.672			30.672
13.Plus: ROE/Use Rate			8.371			8.371
14.Total Current Period Base			330.913			496.496
15.Prospective Rate: Line 11 x Inflation 1.07365911	84.832	228.536	313.369	84.832	406.316	491.148
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	84.832	228.536	313.369	84.832	406.316	491.148
19.Property Rate Component			30.672			30.672
20.ROE Component + ROE Interim Component			8.371			8.371
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>352.41</b>			<b>530.19</b>
23.Medicaid Days			0			2,012
24.Resident Days			0			2,012
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			35.06			50.86
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>429.60</b>			<b>623.18</b>





Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031256800 - 2024/07

RI: 626.19

NM: 762.63

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	113.735	247.519	361.253	124.565	333.543	458.108
2.Inflate Line 1 by Inflation Factor 1.00000000	113.735	247.519	361.253	124.565	333.543	458.108
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	113.735	247.519	361.253	124.565	333.543	458.108
4.Current Period Cost	141.144	343.417	484.561	141.144	461.497	602.640
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	141.144	343.417	484.561	141.144	461.497	602.640
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)	141.144	343.417	484.561	141.144	461.497	602.640
12.Plus: Property Rate Component			18.031			18.031
13.Plus: ROE/Use Rate			0.731			0.731
14.Total Current Period Base			503.322			621.402
15.Prospective Rate: Line 11 x Inflation 1.06116649	149.777	364.423	514.199	149.777	489.725	639.502
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	149.777	364.423	514.199	149.777	489.725	639.502
19.Property Rate Component			18.031			18.031
20.ROE Component + ROE Interim Component			0.731			0.731
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>532.96</b>			<b>658.26</b>
23.Medicaid Days			0			8,309
24.Resident Days			0			8,309
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			51.10			62.24
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>626.19</b>			<b>762.63</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031257600 - 2024/07

RI: 681.31

NM: 882.03

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 12/13/2023 - 03/01/2024 Days Eligible: 286 of 366

Eligibility Factor : 78.14%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.831	459.023	562.855	103.831	534.506	638.337
2.Inflate Line 1 by Inflation Factor 1.00000000	103.831	459.023	562.855	103.831	534.506	638.337
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	103.831	459.023	562.855	103.831	534.506	638.337
4.Current Period Cost	170.815	354.321	525.136	170.815	528.041	698.856
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	170.815	354.321	525.136	170.815	528.041	698.856
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 78.14%	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)	170.815	354.321	525.136	170.815	528.041	698.856
12.Plus: Property Rate Component			25.105			25.105
13.Plus: ROE/Use Rate			1.215			1.215
14.Total Current Period Base			551.457			725.176
15.Prospective Rate: Line 11 x Inflation 1.06116649	181.263	375.994	557.257	181.263	560.339	741.603
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	181.263	375.994	557.257	181.263	560.339	741.603
19.Property Rate Component			25.105			25.105
20.ROE Component + ROE Interim Component			1.215			1.215
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>583.58</b>			<b>767.92</b>
23.Medicaid Days			1,420			6,273
24.Resident Days			1,420			6,273
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			55.60			71.98
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>681.31</b>			<b>882.03</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031258400 - 2024/07

RI: 605.07

NM: 752.99

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 02/21/2024 - 03/06/2024 Days Eligible: 351 of 366

Eligibility Factor : 95.90%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	137.452	213.644	351.096	137.452	307.209	444.661
2.Inflate Line 1 by Inflation Factor 1.00000000	137.452	213.644	351.096	137.452	307.209	444.661
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	137.452	213.644	351.096	137.452	307.209	444.661
4.Current Period Cost	157.255	304.566	461.821	157.255	432.585	589.839
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	157.255	304.566	461.821	157.255	432.585	589.839
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 95.90%	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)	157.255	304.566	461.821	157.255	432.585	589.839
12.Plus: Property Rate Component			22.268			22.268
13.Plus: ROE/Use Rate			1.224			1.224
14.Total Current Period Base			485.313			613.331
15.Prospective Rate: Line 11 x Inflation 1.06116649	166.873	323.195	490.069	166.873	459.044	625.918
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	166.873	323.195	490.069	166.873	459.044	625.918
19.Property Rate Component			22.268			22.268
20.ROE Component + ROE Interim Component			1.224			1.224
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>513.56</b>			<b>649.41</b>
23.Medicaid Days			365			7,937
24.Resident Days			365			7,937
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			49.38			61.45
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>605.07</b>			<b>752.99</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031259200 - 2024/07

RI: 681.48

NM: 874.11

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.539	254.596	381.135	126.539	365.405	491.944
2.Inflate Line 1 by Inflation Factor 1.00000000	126.539	254.596	381.135	126.539	365.405	491.944
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	126.539	254.596	381.135	126.539	365.405	491.944
4.Current Period Cost	159.207	373.363	532.570	159.207	540.076	699.283
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	159.207	373.363	532.570	159.207	540.076	699.283
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)	159.207	373.363	532.570	159.207	540.076	699.283
12.Plus: Property Rate Component			17.635			17.635
13.Plus: ROE/Use Rate			0.956			0.956
14.Total Current Period Base			551.161			717.873
15.Prospective Rate: Line 11 x Inflation 1.06116649	168.945	396.200	565.145	168.945	573.110	742.056
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	168.945	396.200	565.145	168.945	573.110	742.056
19.Property Rate Component			17.635			17.635
20.ROE Component + ROE Interim Component			0.956			0.956
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>583.74</b>			<b>760.65</b>
23.Medicaid Days			457			7,883
24.Resident Days			457			7,883
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			55.61			71.34
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>681.48</b>			<b>874.11</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031260600 - 2024/07

RI: 611.62

NM: 787.81

**Kinkaid Cluster (Mentor)**

Ownership:Private

Incentive Rating: Ineligible from 07/07/2023 - 08/04/2023 Days Eligible: 337 of 366

Eligibility Factor : 92.08%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	110.017	224.935	334.951	110.017	319.195	429.212
2.Inflate Line 1 by Inflation Factor 1.00000000	110.017	224.935	334.951	110.017	319.195	429.212
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	110.017	224.935	334.951	110.017	319.195	429.212
4.Current Period Cost	156.418	299.141	455.558	156.418	451.628	608.046
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	156.418	299.141	455.558	156.418	451.628	608.046
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 92.08%	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)	156.418	299.141	455.558	156.418	451.628	608.046
12.Plus: Property Rate Component			34.815			34.815
13.Plus: ROE/Use Rate			1.337			1.337
14.Total Current Period Base			491.710			644.197
15.Prospective Rate: Line 11 x Inflation 1.06116649	165.985	317.438	483.423	165.985	479.252	645.238
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	165.985	317.438	483.423	165.985	479.252	645.238
19.Property Rate Component			34.815			34.815
20.ROE Component + ROE Interim Component			1.337			1.337
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>519.57</b>			<b>681.39</b>
23.Medicaid Days			2,569			5,956
24.Resident Days			2,569			5,956
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			49.91			64.29
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>611.62</b>			<b>787.81</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031261400 - 2024/07

RI: 713.41

NM: 877.09

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	144.459	287.568	432.027	144.459	448.186	592.644
2.Inflate Line 1 by Inflation Factor 1.00000000	144.459	287.568	432.027	144.459	448.186	592.644
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	144.459	287.568	432.027	144.459	448.186	592.644
4.Current Period Cost	153.761	407.628	561.390	153.761	549.282	703.043
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	153.761	407.628	561.390	153.761	549.282	703.043
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)	153.761	407.628	561.390	153.761	549.282	703.043
12.Plus: Property Rate Component			16.120			16.120
13.Plus: ROE/Use Rate			1.213			1.213
14.Total Current Period Base			578.723			720.376
15.Prospective Rate: Line 11 x Inflation 1.06116649	163.166	432.562	595.728	163.166	582.879	746.046
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	163.166	432.562	595.728	163.166	582.879	746.046
19.Property Rate Component			16.120			16.120
20.ROE Component + ROE Interim Component			1.213			1.213
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>613.06</b>			<b>763.38</b>
23.Medicaid Days			0			7,954
24.Resident Days			0			7,954
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			58.22			71.58
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>713.41</b>			<b>877.09</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031262200 - 2024/07

RI: 458.13

NM: 546.49

**Barranger Group Home (Mentor)**

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.859	218.035	280.894	62.680	283.608	346.288
2.Inflate Line 1 by Inflation Factor 1.00000000	62.859	218.035	280.894	62.680	283.608	346.288
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	62.859	218.035	280.894	62.680	283.608	346.288
4.Current Period Cost	74.570	250.129	324.699	74.570	326.596	401.166
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	74.570	250.129	324.699	74.570	326.596	401.166
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)	74.570	250.129	324.699	74.570	326.596	401.166
12.Plus: Property Rate Component			34.054			34.054
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			358.753			435.220
15.Prospective Rate: Line 11 x Inflation 1.06116649	79.131	265.428	344.559	79.131	346.573	425.704
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	79.131	265.428	344.559	79.131	346.573	425.704
19.Property Rate Component			34.054			34.054
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>378.61</b>			<b>459.76</b>
23.Medicaid Days			1,837			112
24.Resident Days			1,837			112
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			37.39			44.60
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>458.13</b>			<b>546.49</b>



Florida Agency for Health Care Administration

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ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031263100 - 2024/07

RI: 393.16

NM: 467.99

**Greenridge Group Home (Mentor)**

Ownership:Private

Incentive Rating: Ineligible from 08/16/2023 - 09/26/2023 Days Eligible: 324 of 366

Eligibility Factor : 88.52%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.871	185.967	235.838	68.371	239.551	307.923
2.Inflate Line 1 by Inflation Factor 1.00000000	49.871	185.967	235.838	68.371	239.551	307.923
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	49.871	185.967	235.838	68.371	239.551	307.923
4.Current Period Cost	64.920	206.294	271.214	64.920	271.054	335.974
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	64.920	206.294	271.214	64.920	271.054	335.974
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 88.52%	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)	64.920	206.294	271.214	64.920	271.054	335.974
12.Plus: Property Rate Component			31.142			31.142
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			302.355			367.116
15.Prospective Rate: Line 11 x Inflation 1.06116649	68.891	218.912	287.803	68.891	287.634	356.524
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	68.891	218.912	287.803	68.891	287.634	356.524
19.Property Rate Component			31.142			31.142
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>318.94</b>			<b>387.67</b>
23.Medicaid Days			1,780			365
24.Resident Days			1,780			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			32.09			38.19
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>393.16</b>			<b>467.99</b>





Florida Agency for Health Care Administration

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ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031264900 - 2024/07

RI: 720.51

NM: 869.90

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2021	9/30/2022	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	129.583	240.334	369.917	129.583	330.796	460.379
2.Inflate Line 1 by Inflation Factor 1.00000000	129.583	240.334	369.917	129.583	330.796	460.379
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	129.583	240.334	369.917	129.583	330.796	460.379
4.Current Period Cost	171.845	385.237	557.082	171.845	514.521	686.366
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	171.845	385.237	557.082	171.845	514.521	686.366
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)	171.845	385.237	557.082	171.845	514.521	686.366
12.Plus: Property Rate Component			27.252			27.252
13.Plus: ROE/Use Rate			1.175			1.175
14.Total Current Period Base			585.509			714.793
15.Prospective Rate: Line 11 x Inflation 1.06116649	182.357	408.800	591.157	182.357	545.992	728.348
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	182.357	408.800	591.157	182.357	545.992	728.348
19.Property Rate Component			27.252			27.252
20.ROE Component + ROE Interim Component			1.175			1.175
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>619.58</b>			<b>756.78</b>
23.Medicaid Days			135			7,884
24.Resident Days			135			7,884
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			58.80			70.99
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>720.51</b>			<b>869.90</b>



Florida Agency for Health Care Administration

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ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031265700 - 2024/07

RI: 485.69

NM: 568.30

Caprona Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	77.517	227.196	304.713	80.011	277.577	357.589
2.Inflate Line 1 by Inflation Factor 1.00000000	77.517	227.196	304.713	80.011	277.577	357.589
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	77.517	227.196	304.713	80.011	277.577	357.589
4.Current Period Cost	85.231	259.004	344.235	85.231	330.506	415.738
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	85.231	259.004	344.235	85.231	330.506	415.738
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)	85.231	259.004	344.235	85.231	330.506	415.738
12.Plus: Property Rate Component			38.630			38.630
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			382.865			454.367
15.Prospective Rate: Line 11 x Inflation 1.06116649	90.444	274.847	365.291	90.444	350.722	441.167
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	90.444	274.847	365.291	90.444	350.722	441.167
19.Property Rate Component			38.630			38.630
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>403.92</b>			<b>479.80</b>
23.Medicaid Days			730			1,035
24.Resident Days			730			1,035
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			39.64			46.38
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>485.69</b>			<b>568.30</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031266500 - 2024/07

RI: 549.83

NM: 629.16

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.953	157.512	219.464	62.132	208.206	270.338
2.Inflate Line 1 by Inflation Factor 1.00000000	61.953	157.512	219.464	62.132	208.206	270.338
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	61.953	157.512	219.464	62.132	208.206	270.338
4.Current Period Cost	107.593	291.865	399.459	107.593	360.526	468.120
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	107.593	291.865	399.459	107.593	360.526	468.120
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)	107.593	291.865	399.459	107.593	360.526	468.120
12.Plus: Property Rate Component			38.439			38.439
13.Plus: ROE/Use Rate			0.496			0.496
14.Total Current Period Base			438.393			507.054
15.Prospective Rate: Line 11 x Inflation 1.06116649	114.174	309.718	423.892	114.174	382.579	496.753
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	114.174	309.718	423.892	114.174	382.579	496.753
19.Property Rate Component			38.439			38.439
20.ROE Component + ROE Interim Component			0.496			0.496
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>462.83</b>			<b>535.69</b>
23.Medicaid Days			1,095			584
24.Resident Days			1,095			584
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			44.87			51.35
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>549.83</b>			<b>629.16</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2024 through 06/30/2025

031267300 - 2024/07

RI: 760.88

NM: 946.26

Sandpiper Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2023 - 04/30/2024 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2022	9/30/2023	Rebase Unaudited Costs	202307
Prior Cost Report	10/1/2020	9/30/2021	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.763	257.921	370.684	112.763	369.855	482.618
2.Inflate Line 1 by Inflation Factor 1.00000000	112.763	257.921	370.684	112.763	369.855	482.617
3.Line 1 X 1.4000 X Inflation Factor 1.00000000	112.763	257.921	370.684	112.763	369.855	482.617
4.Current Period Cost	158.810	442.983	601.793	158.810	603.425	762.235
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs	158.810	442.983	601.793	158.810	603.425	762.235
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)	158.810	442.983	601.793	158.810	603.425	762.235
12.Plus: Property Rate Component			16.769			16.769
13.Plus: ROE/Use Rate			1.283			1.283
14.Total Current Period Base			619.845			780.286
15.Prospective Rate: Line 11 x Inflation 1.06116649	168.524	470.079	638.603	168.524	640.334	808.858
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	168.524	470.079	638.603	168.524	640.334	808.858
19.Property Rate Component			16.769			16.769
20.ROE Component + ROE Interim Component			1.283			1.283
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>656.65</b>			<b>826.91</b>
23.Medicaid Days			1,213			6,181
24.Resident Days			1,213			6,181
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$42.13)			42.13			42.13
27.Plus: Buy Back QAF (0.088860490)			62.09			77.22
28.Plus: \$15 Wage Increase			0.00			0.00
29.Plus: Restore 7-2021 Reduction			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>760.88</b>			<b>946.26</b>