



Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 12/1/2022 - 11/30/2023
 Days In Reporting Period: 365
 Number of Beds: 60

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 21,593 | 0 | 21,593 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,112,077 |
| B. Plant Operation | | | 346,879 |
| C. Laundry | | | 42,397 |
| D. Housekeeping | | | 31,778 |
| E. Operating Expense Component & Per Diem | 71.0013 | | 1,533,131 |
| 3. Resident Care | | | |
| A. Dietary | | | 476,869 |
| B. Other | | | 0 |
| C. Nursing | | | 429,309 |
| D. Resident Care & Per Diem | 41.9663 | | 906,178 |
| 4. Prop Exp & Per Diem | 14.8636 | | 320,950 |
| 5. ROE/Use Per Diem | 5.6226 | | 121,408 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 10,796.50 | 0.00 | 10,796.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 2,535,525.00 | 0.00 | 2,535,525.00 |
| 5. Direct Care Expense Per Diem | 117.4235 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 21,593 | 0 | 21,593 |
| 2. Additional Services | 308,446 | 0 | 308,446 |
| 3. Additional Services Exp & Per Diem | 14.2845 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 71.0013 | 0.0000 | 1,533,131 |
| 2. Resident Care Component | 173.6743 | 0.0000 | 3,750,149 |
| 3. Property Cost Component | 14.8636 | 0.0000 | 320,950 |
| 4. ROE/Use Allow Component | 5.6226 | 0.0000 | 121,408 |
| 5. Total Cost Per Diem | 265.1618 | 0.0000 | 5,725,638 |

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

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|---------------------------|
| Provider Number: 00169300 |
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|-----------------|
| FYE: 11/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 41.9663 | 0.0000 | A3D Allowable Resident Care Exp | 906,178 |
| B5 Allocation of D/C Expenses | 117.4235 | 0.0000 | B4 Allocation of D/C Expenses | 2,535,525 |
| C3 Additional Services per Diem | 14.2845 | 0.0000 | C2 Additional Services per Diem | 308,446 |
| Total Resident Care Component | 173.6743 | 0.0000 | Total Resident Care Component | 3,750,149 |

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Florida Agency For Health Care Administration

001069500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Miner North**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 01069500

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 6/1/2022 - 5/31/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,427 | 8,427 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,012,704 |
| B. Plant Operation | | | 354,767 |
| C. Laundry | | | 8,217 |
| D. Housekeeping | | | 141,868 |
| E. Operating Expense Component & Per Diem | 180.0826 | 180.0826 | 1,517,556 |
| 3. Resident Care | | | |
| A. Dietary | | | 418,393 |
| B. Other | | | 0 |
| C. Nursing | | | 681,521 |
| D. Resident Care & Per Diem | 130.5226 | 130.5226 | 1,099,914 |
| 4. Prop Exp & Per Diem | 51.5866 | 51.5866 | 434,720 |
| 5. ROE/Use Per Diem | 6.9945 | 6.9945 | 58,943 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,427.00 | 8,427.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 1,624,065.00 | 1,624,065.00 |
| 5. Direct Care Expense Per Diem | 96.3608 | 192.7216 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,427 | 8,427 |
| 2. Additional Services | 0 | 194,452 | 194,452 |
| 3. Additional Services Exp & Per Diem | 23.0749 | 23.0749 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 180.0826 | 180.0826 | 1,517,556 |
| 2. Resident Care Component | 249.9583 | 346.3191 | 2,918,431 |
| 3. Property Cost Component | 51.5866 | 51.5866 | 434,720 |
| 4. ROE/Use Allow Component | 6.9945 | 6.9945 | 58,943 |
| 5. Total Cost Per Diem | 488.6220 | 584.9828 | 4,929,650 |

Resident Care Component Per-Diem Calculation

Facility Name: Miner North

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|---------------------------|
| Provider Number: 01069500 |
|---------------------------|

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|-----------------|
| FYE: 05/31/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 130.5226 | 130.5226 | A3D Allowable Resident Care Exp | 1,099,914 |
| B5 Allocation of D/C Expenses | 96.3608 | 192.7216 | B4 Allocation of D/C Expenses | 1,624,065 |
| C3 Additional Services per Diem | 23.0749 | 23.0749 | C2 Additional Services per Diem | 194,452 |
| Total Resident Care Component | 249.9583 | 346.3191 | Total Resident Care Component | 2,918,431 |

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Florida Agency For Health Care Administration

001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Miner South**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 01071000

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 6/1/2022 - 5/31/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,369 | 6,303 | 7,672 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 999,060 |
| B. Plant Operation | | | 350,337 |
| C. Laundry | | | 11,679 |
| D. Housekeeping | | | 89,354 |
| E. Operating Expense Component & Per Diem | 189.0550 | 189.0550 | 1,450,430 |
| 3. Resident Care | | | |
| A. Dietary | | | 396,025 |
| B. Other | | | 0 |
| C. Nursing | | | 594,864 |
| D. Resident Care & Per Diem | 129.1565 | 129.1565 | 990,889 |
| 4. Prop Exp & Per Diem | 56.7895 | 56.7895 | 435,689 |
| 5. ROE/Use Per Diem | 8.2063 | 8.2063 | 62,959 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 684.50 | 6,303.00 | 6,987.50 |
| 3. Staffing Percent | 0.0980 | 0.9020 | 1.0000 |
| 4. Allocation of Direct Care | 136,990.02 | 1,261,428.98 | 1,398,419.00 |
| 5. Direct Care Expense Per Diem | 100.0658 | 200.1315 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,369 | 6,303 | 7,672 |
| 2. Additional Services | 37,841 | 174,225 | 212,066 |
| 3. Additional Services Exp & Per Diem | 27.6413 | 27.6416 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 189.0550 | 189.0550 | 1,450,430 |
| 2. Resident Care Component | 256.8636 | 356.9296 | 2,601,374 |
| 3. Property Cost Component | 56.7895 | 56.7895 | 435,689 |
| 4. ROE/Use Allow Component | 8.2063 | 8.2063 | 62,959 |
| 5. Total Cost Per Diem | 510.9144 | 610.9804 | 4,550,452 |

Resident Care Component Per-Diem Calculation

Facility Name: Miner South

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|---------------------------|
| Provider Number: 01071000 |
|---------------------------|

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|-----------------|
| FYE: 05/31/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 129.1565 | 129.1565 | A3D Allowable Resident Care Exp | 990,889 |
| B5 Allocation of D/C Expenses | 100.0658 | 200.1315 | B4 Allocation of D/C Expenses | 1,398,419 |
| C3 Additional Services per Diem | 27.6413 | 27.6416 | C2 Additional Services per Diem | 212,066 |
| Total Resident Care Component | 256.8636 | 356.9296 | Total Resident Care Component | 2,601,374 |

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Florida Agency For Health Care Administration

0101963600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **New Horizons (Mentor)**
 Provider Number: 101963600
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 48

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 11,358 | 5,669 | 17,027 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,602,419 |
| B. Plant Operation | | | 448,771 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 50,925 |
| E. Operating Expense Component & Per Diem | 123.4577 | 123.4577 | 2,102,115 |
| 3. Resident Care | | | |
| A. Dietary | | | 626,945 |
| B. Other | | | 0 |
| C. Nursing | | | 1,065,730 |
| D. Resident Care & Per Diem | 99.4112 | 99.4112 | 1,692,675 |
| 4. Prop Exp & Per Diem | 26.3396 | 26.3396 | 448,485 |
| 5. ROE/Use Per Diem | 0.6015 | 0.6015 | 10,242 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 5,679.00 | 5,669.00 | 11,348.00 |
| 3. Staffing Percent | 0.5004 | 0.4996 | 1.0000 |
| 4. Allocation of Direct Care | 2,153,680.20 | 2,149,887.80 | 4,303,568.00 |
| 5. Direct Care Expense Per Diem | 189.6179 | 379.2358 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 11,358 | 5,669 | 17,027 |
| 2. Additional Services | 130,074 | 64,922 | 194,996 |
| 3. Additional Services Exp & Per Diem | 11.4522 | 11.4521 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 123.4577 | 123.4577 | 2,102,115 |
| 2. Resident Care Component | 300.4813 | 490.0991 | 6,191,239 |
| 3. Property Cost Component | 26.3396 | 26.3396 | 448,485 |
| 4. ROE/Use Allow Component | 0.6015 | 0.6015 | 10,242 |
| 5. Total Cost Per Diem | 450.8801 | 640.4979 | 8,752,081 |

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons (Mentor)

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|----------------------------|
| Provider Number: 101963600 |
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|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 99.4112 | 99.4112 | A3D Allowable Resident Care Exp | 1,692,675 |
| B5 Allocation of D/C Expenses | 189.6179 | 379.2358 | B4 Allocation of D/C Expenses | 4,303,568 |
| C3 Additional Services per Diem | 11.4522 | 11.4521 | C2 Additional Services per Diem | 194,996 |
| Total Resident Care Component | 300.4813 | 490.0991 | Total Resident Care Component | 6,191,239 |

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Florida Agency For Health Care Administration

0107650900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

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|------------------|--|---------------------------|----------------------|
| Provider Name: | Sunrise Community, Inc. - Log Cabin | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 107650900 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 120 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 23,606 | 18,760 | 42,366 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 3,427,857 |
| B. Plant Operation | | | 2,142,382 |
| C. Laundry | | | 10,405 |
| D. Housekeeping | | | 362,126 |
| E. Operating Expense Component & Per Diem | 140.2722 | 140.2722 | 5,942,770 |
| 3. Resident Care | | | |
| A. Dietary | | | 1,954,265 |
| B. Other | | | 1,256,244 |
| C. Nursing | | | 3,812,416 |
| D. Resident Care & Per Diem | 165.7680 | 165.7680 | 7,022,925 |
| 4. Prop Exp & Per Diem | 22.2567 | 22.2567 | 942,926 |
| 5. ROE/Use Per Diem | 5.8732 | 5.8732 | 248,823 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 11,803.00 | 18,760.00 | 30,563.00 |
| 3. Staffing Percent | 0.3862 | 0.6138 | 1.0000 |
| 4. Allocation of Direct Care | 4,126,283.68 | 6,558,424.32 | 10,684,708.00 |
| 5. Direct Care Expense Per Diem | 174.7981 | 349.5962 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 23,489 | 17,084 | 40,573 |
| 2. Additional Services | 581,289 | 461,959 | 1,043,248 |
| 3. Additional Services Exp & Per Diem | 24.7473 | 27.0404 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 140.2722 | 140.2722 | 5,942,770 |
| 2. Resident Care Component | 365.3134 | 542.4046 | 18,750,881 |
| 3. Property Cost Component | 22.2567 | 22.2567 | 942,926 |
| 4. ROE/Use Allow Component | 5.8732 | 5.8732 | 248,823 |
| 5. Total Cost Per Diem | 533.7155 | 710.8067 | 25,885,400 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Community, Inc. - Log Cabin

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|----------------------------|
| Provider Number: 107650900 |
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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 165.7680 | 165.7680 | A3D Allowable Resident Care Exp | 7,022,925 |
| B5 Allocation of D/C Expenses | 174.7981 | 349.5962 | B4 Allocation of D/C Expenses | 10,684,708 |
| C3 Additional Services per Diem | 24.7473 | 27.0404 | C2 Additional Services per Diem | 1,043,248 |
| Total Resident Care Component | 365.3134 | 542.4046 | Total Resident Care Component | 18,750,881 |

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Florida Agency For Health Care Administration

0108357500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2024

Provider Name: **Pensacola Developmental Center**
 Provider Number: 108357500
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 12/23/2020 - 6/30/2022
 Days In Reporting Period: 555
 Number of Beds: 63

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 17,201 | 15,241 | 32,442 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,182,077 |
| B. Plant Operation | | | 1,079,359 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 178,715 |
| E. Operating Expense Component & Per Diem | 106.0400 | 106.0400 | 3,440,151 |
| 3. Resident Care | | | |
| A. Dietary | | | 535,971 |
| B. Other | | | 0 |
| C. Nursing | | | 1,480,485 |
| D. Resident Care & Per Diem | 62.1557 | 62.1557 | 2,016,456 |
| 4. Prop Exp & Per Diem | 19.0674 | 19.0674 | 618,586 |
| 5. ROE/Use Per Diem | 1.4763 | 1.4763 | 47,894 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 8,600.50 | 15,241.00 | 23,841.50 |
| 3. Staffing Percent | 0.3607 | 0.6393 | 1.0000 |
| 4. Allocation of Direct Care | 2,804,005.05 | 4,968,994.95 | 7,773,000.00 |
| 5. Direct Care Expense Per Diem | 163.0141 | 326.0281 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 17,201 | 15,241 | 32,442 |
| 2. Additional Services | 212,132 | 187,960 | 400,092 |
| 3. Additional Services Exp & Per Diem | 12.3325 | 12.3325 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 106.0400 | 106.0400 | 3,440,151 |
| 2. Resident Care Component | 237.5023 | 400.5163 | 10,189,548 |
| 3. Property Cost Component | 19.0674 | 19.0674 | 618,586 |
| 4. ROE/Use Allow Component | 1.4763 | 1.4763 | 47,894 |
| 5. Total Cost Per Diem | 364.0860 | 527.1000 | 14,296,179 |

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

| |
|----------------------------|
| Provider Number: 108357500 |
|----------------------------|

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|-----------------|
| FYE: 06/30/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 62.1557 | 62.1557 | A3D Allowable Resident Care Exp | 2,016,456 |
| B5 Allocation of D/C Expenses | 163.0141 | 326.0281 | B4 Allocation of D/C Expenses | 7,773,000 |
| C3 Additional Services per Diem | 12.3325 | 12.3325 | C2 Additional Services per Diem | 400,092 |
| Total Resident Care Component | 237.5023 | 400.5163 | Total Resident Care Component | 10,189,548 |

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Florida Agency For Health Care Administration

0108358400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|---|---------------------------|----------------------|
| Provider Name: | Panama City Developmental Center | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 108358400 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 9/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 457 |
| | | Number of Beds: | 64 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 6,030 | 21,930 | 27,960 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,339,710 |
| B. Plant Operation | | | 818,785 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 154,412 |
| E. Operating Expense Component & Per Diem | 118.4874 | 118.4874 | 3,312,907 |
| 3. Resident Care | | | |
| A. Dietary | | | 759,047 |
| B. Other | | | 0 |
| C. Nursing | | | 2,222,972 |
| D. Resident Care & Per Diem | 106.6530 | 106.6530 | 2,982,019 |
| 4. Prop Exp & Per Diem | 31.0603 | 31.0603 | 868,447 |
| 5. ROE/Use Per Diem | 3.9068 | 3.9068 | 109,234 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 3,015.00 | 21,930.00 | 24,945.00 |
| 3. Staffing Percent | 0.1209 | 0.8791 | 1.0000 |
| 4. Allocation of Direct Care | 965,178.87 | 7,020,356.13 | 7,985,535.00 |
| 5. Direct Care Expense Per Diem | 160.0628 | 320.1257 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 6,030 | 21,930 | 27,960 |
| 2. Additional Services | 56,635 | 205,972 | 262,607 |
| 3. Additional Services Exp & Per Diem | 9.3922 | 9.3922 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 118.4874 | 118.4874 | 3,312,907 |
| 2. Resident Care Component | 276.1080 | 436.1709 | 11,230,161 |
| 3. Property Cost Component | 31.0603 | 31.0603 | 868,447 |
| 4. ROE/Use Allow Component | 3.9068 | 3.9068 | 109,234 |
| 5. Total Cost Per Diem | 429.5625 | 589.6254 | 15,520,749 |

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

| |
|----------------------------|
| Provider Number: 108358400 |
|----------------------------|

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|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 106.6530 | 106.6530 | A3D Allowable Resident Care Exp | 2,982,019 |
| B5 Allocation of D/C Expenses | 160.0628 | 320.1257 | B4 Allocation of D/C Expenses | 7,985,535 |
| C3 Additional Services per Diem | 9.3922 | 9.3922 | C2 Additional Services per Diem | 262,607 |
| Total Resident Care Component | 276.1080 | 436.1709 | Total Resident Care Component | 11,230,161 |

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Florida Agency For Health Care Administration

0108358800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|---|---------------------------|----------------------|
| Provider Name: | Tallahassee Developmental Center | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 108358800 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 9/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 457 |
| | | Number of Beds: | 63 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 11,291 | 13,485 | 24,776 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,392,257 |
| B. Plant Operation | | | 972,249 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 175,525 |
| E. Operating Expense Component & Per Diem | 142.8815 | 142.8815 | 3,540,031 |
| 3. Resident Care | | | |
| A. Dietary | | | 630,036 |
| B. Other | | | 0 |
| C. Nursing | | | 2,043,676 |
| D. Resident Care & Per Diem | 107.9154 | 107.9154 | 2,673,712 |
| 4. Prop Exp & Per Diem | 42.9356 | 42.9356 | 1,063,772 |
| 5. ROE/Use Per Diem | 5.7977 | 5.7977 | 143,644 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 5,645.50 | 13,485.00 | 19,130.50 |
| 3. Staffing Percent | 0.2951 | 0.7049 | 1.0000 |
| 4. Allocation of Direct Care | 2,454,626.43 | 5,863,189.57 | 8,317,816.00 |
| 5. Direct Care Expense Per Diem | 217.3967 | 434.7934 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 11,291 | 13,485 | 24,776 |
| 2. Additional Services | 122,075 | 145,796 | 267,871 |
| 3. Additional Services Exp & Per Diem | 10.8117 | 10.8117 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 142.8815 | 142.8815 | 3,540,031 |
| 2. Resident Care Component | 336.1238 | 553.5205 | 11,259,399 |
| 3. Property Cost Component | 42.9356 | 42.9356 | 1,063,772 |
| 4. ROE/Use Allow Component | 5.7977 | 5.7977 | 143,644 |
| 5. Total Cost Per Diem | 527.7386 | 745.1353 | 16,006,846 |

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

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| Provider Number: 108358800 |
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| FYE: 09/30/2023 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 107.9154 | 107.9154 | A3D Allowable Resident Care Exp | 2,673,712 |
| B5 Allocation of D/C Expenses | 217.3967 | 434.7934 | B4 Allocation of D/C Expenses | 8,317,816 |
| C3 Additional Services per Diem | 10.8117 | 10.8117 | C2 Additional Services per Diem | 267,871 |
| Total Resident Care Component | 336.1238 | 553.5205 | Total Resident Care Component | 11,259,399 |

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Florida Agency For Health Care Administration

0108358900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Ft. Walton Beach Developmental Ctr.** Cost Report Entered By : Hatcher, Toriano
 Provider Number: 108358900 Rate Semester : July, 2024
 Audit Status: Rebase Unaudited Costs Cost Report : 7/1/2022 - 9/30/2023
 Date: 8/1/2024 Days In Reporting Period: 457
 Number of Beds: 63

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 8,298 | 18,109 | 26,407 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,594,253 |
| B. Plant Operation | | | 1,287,011 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 179,808 |
| E. Operating Expense Component & Per Diem | 153.7877 | 153.7877 | 4,061,072 |
| 3. Resident Care | | | |
| A. Dietary | | | 4,430,979 |
| B. Other | | | 0 |
| C. Nursing | | | 2,455,241 |
| D. Resident Care & Per Diem | 260.7725 | 260.7725 | 6,886,220 |
| 4. Prop Exp & Per Diem | 47.1264 | 47.1264 | 1,244,467 |
| 5. ROE/Use Per Diem | 4.5742 | 4.5742 | 120,792 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 4,149.00 | 18,109.00 | 22,258.00 |
| 3. Staffing Percent | 0.1864 | 0.8136 | 1.0000 |
| 4. Allocation of Direct Care | 938,575.65 | 4,096,569.35 | 5,035,145.00 |
| 5. Direct Care Expense Per Diem | 113.1087 | 226.2173 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 8,298 | 18,109 | 26,407 |
| 2. Additional Services | 85,596 | 186,798 | 272,394 |
| 3. Additional Services Exp & Per Diem | 10.3153 | 10.3152 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 153.7877 | 153.7877 | 4,061,072 |
| 2. Resident Care Component | 384.1965 | 497.3050 | 12,193,759 |
| 3. Property Cost Component | 47.1264 | 47.1264 | 1,244,467 |
| 4. ROE/Use Allow Component | 4.5742 | 4.5742 | 120,792 |
| 5. Total Cost Per Diem | 589.6848 | 702.7933 | 17,620,090 |

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

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| Provider Number: 108358900 |
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| FYE: 09/30/2023 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 260.7725 | 260.7725 | A3D Allowable Resident Care Exp | 6,886,220 |
| B5 Allocation of D/C Expenses | 113.1087 | 226.2173 | B4 Allocation of D/C Expenses | 5,035,145 |
| C3 Additional Services per Diem | 10.3153 | 10.3152 | C2 Additional Services per Diem | 272,394 |
| Total Resident Care Component | 384.1965 | 497.3050 | Total Resident Care Component | 12,193,759 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Hillsborough County Developmental Ctr** Cost Report Entered By : Hatcher, Toriano
 Provider Number: 108366100 Rate Semester : July, 2024
 Audit Status: Rebase Unaudited Costs Cost Report : 7/1/2022 - 9/30/2023
 Date: 8/1/2024 Days In Reporting Period: 457
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 3,933 | 23,473 | 27,406 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,485,320 |
| B. Plant Operation | | | 982,833 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 151,800 |
| E. Operating Expense Component & Per Diem | 132.0861 | 132.0861 | 3,619,953 |
| 3. Resident Care | | | |
| A. Dietary | | | 1,049,020 |
| B. Other | | | 0 |
| C. Nursing | | | 2,684,729 |
| D. Resident Care & Per Diem | 136.2384 | 136.2384 | 3,733,749 |
| 4. Prop Exp & Per Diem | 48.5758 | 48.5758 | 1,331,268 |
| 5. ROE/Use Per Diem | 5.3753 | 5.3753 | 147,316 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 1,966.50 | 23,473.00 | 25,439.50 |
| 3. Staffing Percent | 0.0773 | 0.9227 | 1.0000 |
| 4. Allocation of Direct Care | 530,209.91 | 6,328,816.09 | 6,859,026.00 |
| 5. Direct Care Expense Per Diem | 134.8106 | 269.6211 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 3,933 | 23,473 | 27,406 |
| 2. Additional Services | 49,165 | 293,425 | 342,590 |
| 3. Additional Services Exp & Per Diem | 12.5006 | 12.5005 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 132.0861 | 132.0861 | 3,619,953 |
| 2. Resident Care Component | 283.5496 | 418.3600 | 10,935,365 |
| 3. Property Cost Component | 48.5758 | 48.5758 | 1,331,268 |
| 4. ROE/Use Allow Component | 5.3753 | 5.3753 | 147,316 |
| 5. Total Cost Per Diem | 469.5868 | 604.3972 | 16,033,902 |

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

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| Provider Number: 108366100 |
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| FYE: 09/30/2023 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|-------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 136.2384 | 136.2384 | A3D Allowable Resident Care Exp | 3,733,749 |
| B5 Allocation of D/C Expenses | 134.8106 | 269.6211 | B4 Allocation of D/C Expenses | 6,859,026 |
| C3 Additional Services per Diem | 12.5006 | 12.5005 | C2 Additional Services per Diem | 342,590 |
| Total Resident Care Component | 283.5496 | 418.3600 | Total Resident Care Component | 10,935,365 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Sunrise Nettles Group Home**
 Provider Number: 110232000
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 730 | 1,453 | 2,183 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 197,742 |
| B. Plant Operation | | | 41,714 |
| C. Laundry | | | 353 |
| D. Housekeeping | | | 7,968 |
| E. Operating Expense Component & Per Diem | 113.5030 | 113.5030 | 247,777 |
| 3. Resident Care | | | |
| A. Dietary | | | 29,431 |
| B. Other | | | 68,469 |
| C. Nursing | | | 105,641 |
| D. Resident Care & Per Diem | 93.2391 | 93.2391 | 203,541 |
| 4. Prop Exp & Per Diem | 21.2263 | 21.2263 | 46,337 |
| 5. ROE/Use Per Diem | 9.2048 | 9.2048 | 20,094 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 547.50 | 1,453.00 | 2,000.50 |
| 3. Staffing Percent | 0.2737 | 0.7263 | 1.0000 |
| 4. Allocation of Direct Care | 198,803.67 | 527,601.33 | 726,405.00 |
| 5. Direct Care Expense Per Diem | 272.3338 | 363.1117 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 730 | 1,453 | 2,183 |
| 2. Additional Services | 1,448 | 2,882 | 4,330 |
| 3. Additional Services Exp & Per Diem | 1.9836 | 1.9835 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 113.5030 | 113.5030 | 247,777 |
| 2. Resident Care Component | 367.5565 | 458.3343 | 934,276 |
| 3. Property Cost Component | 21.2263 | 21.2263 | 46,337 |
| 4. ROE/Use Allow Component | 9.2048 | 9.2048 | 20,094 |
| 5. Total Cost Per Diem | 511.4906 | 602.2684 | 1,248,484 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Nettles Group Home

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| Provider Number: 110232000 |
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| FYE: 06/30/2023 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 93.2391 | 93.2391 | A3D Allowable Resident Care Exp | 203,541 |
| B5 Allocation of D/C Expenses | 272.3338 | 363.1117 | B4 Allocation of D/C Expenses | 726,405 |
| C3 Additional Services per Diem | 1.9836 | 1.9835 | C2 Additional Services per Diem | 4,330 |
| Total Resident Care Component | 367.5565 | 458.3343 | Total Resident Care Component | 934,276 |

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Florida Agency For Health Care Administration

0111453600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Sunrise Observation Circle**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 111453600

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 8/13/2021 - 9/30/2022

Date: 8/1/2024

Days In Reporting Period: 414

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 504 | 159 | 663 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 59,792 |
| B. Plant Operation | | | 18,679 |
| C. Laundry | | | 634 |
| D. Housekeeping | | | 2,591 |
| E. Operating Expense Component & Per Diem | 123.2217 | 123.2217 | 81,696 |
| 3. Resident Care | | | |
| A. Dietary | | | 9,732 |
| B. Other | | | 3,592 |
| C. Nursing | | | 249 |
| D. Resident Care & Per Diem | 20.4721 | 20.4721 | 13,573 |
| 4. Prop Exp & Per Diem | 49.5219 | 49.5219 | 32,833 |
| 5. ROE/Use Per Diem | 19.3590 | 19.3590 | 12,835 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 378.00 | 159.00 | 537.00 |
| 3. Staffing Percent | 0.7039 | 0.2961 | 1.0000 |
| 4. Allocation of Direct Care | 154,383.08 | 64,938.92 | 219,322.00 |
| 5. Direct Care Expense Per Diem | 306.3156 | 408.4209 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 504 | 159 | 663 |
| 2. Additional Services | 5,973 | 1,884 | 7,857 |
| 3. Additional Services Exp & Per Diem | 11.8512 | 11.8491 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 123.2217 | 123.2217 | 81,696 |
| 2. Resident Care Component | 338.6389 | 440.7421 | 240,752 |
| 3. Property Cost Component | 49.5219 | 49.5219 | 32,833 |
| 4. ROE/Use Allow Component | 19.3590 | 19.3590 | 12,835 |
| 5. Total Cost Per Diem | 530.7415 | 632.8447 | 368,116 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Observation Circle

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| Provider Number: 111453600 |
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| FYE: 09/30/2022 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 20.4721 | 20.4721 | A3D Allowable Resident Care Exp | 13,573 |
| B5 Allocation of D/C Expenses | 306.3156 | 408.4209 | B4 Allocation of D/C Expenses | 219,322 |
| C3 Additional Services per Diem | 11.8512 | 11.8491 | C2 Additional Services per Diem | 7,857 |
| Total Resident Care Component | 338.6389 | 440.7421 | Total Resident Care Component | 240,752 |

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Florida Agency For Health Care Administration

0111470500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Sunrise Southshore Circle**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 111470500

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 8/16/2021 - 9/30/2022

Date: 8/1/2024

Days In Reporting Period: 411

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 635 | 142 | 777 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 73,646 |
| B. Plant Operation | | | 21,260 |
| C. Laundry | | | 497 |
| D. Housekeeping | | | 3,294 |
| E. Operating Expense Component & Per Diem | 127.0232 | 127.0232 | 98,697 |
| 3. Resident Care | | | |
| A. Dietary | | | 10,865 |
| B. Other | | | 8,574 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 25.0180 | 25.0180 | 19,439 |
| 4. Prop Exp & Per Diem | 50.1120 | 50.1120 | 38,937 |
| 5. ROE/Use Per Diem | 18.4698 | 18.4698 | 14,351 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 476.25 | 142.00 | 618.25 |
| 3. Staffing Percent | 0.7703 | 0.2297 | 1.0000 |
| 4. Allocation of Direct Care | 210,760.17 | 62,840.83 | 273,601.00 |
| 5. Direct Care Expense Per Diem | 331.9058 | 442.5410 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 635 | 142 | 777 |
| 2. Additional Services | 10,870 | 2,431 | 13,301 |
| 3. Additional Services Exp & Per Diem | 17.1181 | 17.1197 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 127.0232 | 127.0232 | 98,697 |
| 2. Resident Care Component | 374.0419 | 484.6787 | 306,341 |
| 3. Property Cost Component | 50.1120 | 50.1120 | 38,937 |
| 4. ROE/Use Allow Component | 18.4698 | 18.4698 | 14,351 |
| 5. Total Cost Per Diem | 569.6469 | 680.2837 | 458,326 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Southshore Circle

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|----------------------------|
| Provider Number: 111470500 |
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| FYE: 09/30/2022 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 25.0180 | 25.0180 | A3D Allowable Resident Care Exp | 19,439 |
| B5 Allocation of D/C Expenses | 331.9058 | 442.5410 | B4 Allocation of D/C Expenses | 273,601 |
| C3 Additional Services per Diem | 17.1181 | 17.1197 | C2 Additional Services per Diem | 13,301 |
| Total Resident Care Component | 374.0419 | 484.6787 | Total Resident Care Component | 306,341 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--------------------------------|---------------------------|-----------------------|
| Provider Name: | Sunrise Lakeshore Drive | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 111473100 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 8/16/2021 - 9/30/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 411 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 549 | 186 | 735 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 78,975 |
| B. Plant Operation | | | 27,478 |
| C. Laundry | | | 83 |
| D. Housekeeping | | | 3,605 |
| E. Operating Expense Component & Per Diem | 149.8517 | 149.8517 | 110,141 |
| 3. Resident Care | | | |
| A. Dietary | | | 18,631 |
| B. Other | | | 10,859 |
| C. Nursing | | | 42,136 |
| D. Resident Care & Per Diem | 97.4503 | 97.4503 | 71,626 |
| 4. Prop Exp & Per Diem | 60.8599 | 60.8599 | 44,732 |
| 5. ROE/Use Per Diem | 23.0531 | 23.0531 | 16,944 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 411.75 | 186.00 | 597.75 |
| 3. Staffing Percent | 0.6888 | 0.3112 | 1.0000 |
| 4. Allocation of Direct Care | 158,760.88 | 71,717.12 | 230,478.00 |
| 5. Direct Care Expense Per Diem | 289.1819 | 385.5759 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 549 | 186 | 735 |
| 2. Additional Services | 12,177 | 4,125 | 16,302 |
| 3. Additional Services Exp & Per Diem | 22.1803 | 22.1774 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 149.8517 | 149.8517 | 110,141 |
| 2. Resident Care Component | 408.8125 | 505.2036 | 318,406 |
| 3. Property Cost Component | 60.8599 | 60.8599 | 44,732 |
| 4. ROE/Use Allow Component | 23.0531 | 23.0531 | 16,944 |
| 5. Total Cost Per Diem | 642.5772 | 738.9683 | 490,223 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Lakeshore Drive

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| Provider Number: 111473100 |
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| FYE: 09/30/2022 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 97.4503 | 97.4503 | A3D Allowable Resident Care Exp | 71,626 |
| B5 Allocation of D/C Expenses | 289.1819 | 385.5759 | B4 Allocation of D/C Expenses | 230,478 |
| C3 Additional Services per Diem | 22.1803 | 22.1774 | C2 Additional Services per Diem | 16,302 |
| Total Resident Care Component | 408.8125 | 505.2036 | Total Resident Care Component | 318,406 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Sunrise Eleazer Place**
 Provider Number: 111976800
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 11/1/2022 - 10/31/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,007 | 0 | 1,007 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 131,996 |
| B. Plant Operation | | | 44,785 |
| C. Laundry | | | 1,013 |
| D. Housekeeping | | | 2,962 |
| E. Operating Expense Component & Per Diem | 179.4995 | | 180,756 |
| 3. Resident Care | | | |
| A. Dietary | | | 17,025 |
| B. Other | | | 0 |
| C. Nursing | | | 37,000 |
| D. Resident Care & Per Diem | 53.6495 | | 54,025 |
| 4. Prop Exp & Per Diem | 35.2423 | | 35,489 |
| 5. ROE/Use Per Diem | 26.0417 | | 26,224 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 755.25 | 0.00 | 755.25 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 522,863.00 | 0.00 | 522,863.00 |
| 5. Direct Care Expense Per Diem | 519.2284 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,007 | 0 | 1,007 |
| 2. Additional Services | 17,041 | 0 | 17,041 |
| 3. Additional Services Exp & Per Diem | 16.9225 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 179.4995 | 0.0000 | 180,756 |
| 2. Resident Care Component | 589.8004 | 0.0000 | 593,929 |
| 3. Property Cost Component | 35.2423 | 0.0000 | 35,489 |
| 4. ROE/Use Allow Component | 26.0417 | 0.0000 | 26,224 |
| 5. Total Cost Per Diem | 830.5839 | 0.0000 | 836,398 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Eleazer Place

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| Provider Number: 111976800 |
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| FYE: 10/31/2023 |
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| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 53.6495 | 0.0000 | A3D Allowable Resident Care Exp | 54,025 |
| B5 Allocation of D/C Expenses | 519.2284 | 0.0000 | B4 Allocation of D/C Expenses | 522,863 |
| C3 Additional Services per Diem | 16.9225 | 0.0000 | C2 Additional Services per Diem | 17,041 |
| Total Resident Care Component | 589.8004 | 0.0000 | Total Resident Care Component | 593,929 |

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Florida Agency For Health Care Administration

0113827900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | |
|--------------------------------------|---|
| Provider Name: Sunrise - Kaul | Cost Report Entered By : Hatcher, Toriano |
| Provider Number: 113827900 | Rate Semester : July, 2024 |
| Audit Status: Rebase Unaudited Costs | Cost Report : 2/18/2022 - 6/30/2023 |
| Date: 8/1/2024 | Days In Reporting Period: 498 |
| | Number of Beds: 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 793 | 1,209 | 2,002 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 218,984 |
| B. Plant Operation | | | 53,857 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 3,314 |
| E. Operating Expense Component & Per Diem | 137.9396 | 137.9396 | 276,155 |
| 3. Resident Care | | | |
| A. Dietary | | | 22,927 |
| B. Other | | | 57,834 |
| C. Nursing | | | 119,578 |
| D. Resident Care & Per Diem | 100.0694 | 100.0694 | 200,339 |
| 4. Prop Exp & Per Diem | 22.2278 | 22.2278 | 44,500 |
| 5. ROE/Use Per Diem | 9.4710 | 9.4710 | 18,961 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 594.75 | 1,209.00 | 1,803.75 |
| 3. Staffing Percent | 0.3297 | 0.6703 | 1.0000 |
| 4. Allocation of Direct Care | 249,397.02 | 506,970.98 | 756,368.00 |
| 5. Direct Care Expense Per Diem | 314.4981 | 419.3308 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 793 | 1,209 | 2,002 |
| 2. Additional Services | 7,809 | 11,905 | 19,714 |
| 3. Additional Services Exp & Per Diem | 9.8474 | 9.8470 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 137.9396 | 137.9396 | 276,155 |
| 2. Resident Care Component | 424.4149 | 529.2472 | 976,421 |
| 3. Property Cost Component | 22.2278 | 22.2278 | 44,500 |
| 4. ROE/Use Allow Component | 9.4710 | 9.4710 | 18,961 |
| 5. Total Cost Per Diem | 594.0533 | 698.8856 | 1,316,037 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise - Kaul

| |
|----------------------------|
| Provider Number: 113827900 |
|----------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 100.0694 | 100.0694 | A3D Allowable Resident Care Exp | 200,339 |
| B5 Allocation of D/C Expenses | 314.4981 | 419.3308 | B4 Allocation of D/C Expenses | 756,368 |
| C3 Additional Services per Diem | 9.8474 | 9.8470 | C2 Additional Services per Diem | 19,714 |
| Total Resident Care Component | 424.4149 | 529.2472 | Total Resident Care Component | 976,421 |

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Florida Agency For Health Care Administration

012037000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,726 | 365 | 2,091 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 153,765 |
| B. Plant Operation | | | 51,955 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 6,456 |
| E. Operating Expense Component & Per Diem | 101.4711 | 101.4711 | 212,176 |
| 3. Resident Care | | | |
| A. Dietary | | | 13,232 |
| B. Other | | | 0 |
| C. Nursing | | | 43,568 |
| D. Resident Care & Per Diem | 27.1640 | 27.1640 | 56,800 |
| 4. Prop Exp & Per Diem | 21.8709 | 21.8709 | 45,732 |
| 5. ROE/Use Per Diem | 1.7862 | 1.7862 | 3,735 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,294.50 | 365.00 | 1,659.50 |
| 3. Staffing Percent | 0.7801 | 0.2199 | 1.0000 |
| 4. Allocation of Direct Care | 394,649.72 | 111,276.28 | 505,926.00 |
| 5. Direct Care Expense Per Diem | 228.6499 | 304.8665 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,726 | 365 | 2,091 |
| 2. Additional Services | 54,719 | 11,571 | 66,290 |
| 3. Additional Services Exp & Per Diem | 31.7028 | 31.7014 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 101.4711 | 101.4711 | 212,176 |
| 2. Resident Care Component | 287.5167 | 363.7319 | 629,016 |
| 3. Property Cost Component | 21.8709 | 21.8709 | 45,732 |
| 4. ROE/Use Allow Component | 1.7862 | 1.7862 | 3,735 |
| 5. Total Cost Per Diem | 412.6449 | 488.8601 | 890,659 |

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

| |
|---------------------------|
| Provider Number: 12037000 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 27.1640 | 27.1640 | A3D Allowable Resident Care Exp | 56,800 |
| B5 Allocation of D/C Expenses | 228.6499 | 304.8665 | B4 Allocation of D/C Expenses | 505,926 |
| C3 Additional Services per Diem | 31.7028 | 31.7014 | C2 Additional Services per Diem | 66,290 |
| Total Resident Care Component | 287.5167 | 363.7319 | Total Resident Care Component | 629,016 |

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Florida Agency For Health Care Administration

012038000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,460 | 730 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 177,028 |
| B. Plant Operation | | | 56,044 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 3,994 |
| E. Operating Expense Component & Per Diem | 108.2493 | 108.2493 | 237,066 |
| 3. Resident Care | | | |
| A. Dietary | | | 16,454 |
| B. Other | | | 0 |
| C. Nursing | | | 43,462 |
| D. Resident Care & Per Diem | 27.3589 | 27.3589 | 59,916 |
| 4. Prop Exp & Per Diem | 13.2201 | 13.2201 | 28,952 |
| 5. ROE/Use Per Diem | 1.4014 | 1.4014 | 3,069 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 1,095.00 | 730.00 | 1,825.00 |
| 3. Staffing Percent | 0.6000 | 0.4000 | 1.0000 |
| 4. Allocation of Direct Care | 388,337.40 | 258,891.60 | 647,229.00 |
| 5. Direct Care Expense Per Diem | 265.9845 | 354.6460 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,460 | 730 | 2,190 |
| 2. Additional Services | 42,439 | 21,219 | 63,658 |
| 3. Additional Services Exp & Per Diem | 29.0678 | 29.0671 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 108.2493 | 108.2493 | 237,066 |
| 2. Resident Care Component | 322.4112 | 411.0720 | 770,803 |
| 3. Property Cost Component | 13.2201 | 13.2201 | 28,952 |
| 4. ROE/Use Allow Component | 1.4014 | 1.4014 | 3,069 |
| 5. Total Cost Per Diem | 445.2820 | 533.9428 | 1,039,890 |

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

| |
|---------------------------|
| Provider Number: 12038000 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 27.3589 | 27.3589 | A3D Allowable Resident Care Exp | 59,916 |
| B5 Allocation of D/C Expenses | 265.9845 | 354.6460 | B4 Allocation of D/C Expenses | 647,229 |
| C3 Additional Services per Diem | 29.0678 | 29.0671 | C2 Additional Services per Diem | 63,658 |
| Total Resident Care Component | 322.4112 | 411.0720 | Total Resident Care Component | 770,803 |

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Florida Agency For Health Care Administration

012040300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 441 | 104 | 545 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 62,971 |
| B. Plant Operation | | | 28,302 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 4,176 |
| E. Operating Expense Component & Per Diem | 175.1358 | 175.1358 | 95,449 |
| 3. Resident Care | | | |
| A. Dietary | | | 6,489 |
| B. Other | | | 0 |
| C. Nursing | | | 8,354 |
| D. Resident Care & Per Diem | 27.2349 | 27.2349 | 14,843 |
| 4. Prop Exp & Per Diem | 66.5284 | 66.5284 | 36,258 |
| 5. ROE/Use Per Diem | 6.3339 | 6.3339 | 3,452 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 330.75 | 104.00 | 434.75 |
| 3. Staffing Percent | 0.7608 | 0.2392 | 1.0000 |
| 4. Allocation of Direct Care | 165,863.42 | 52,153.58 | 218,017.00 |
| 5. Direct Care Expense Per Diem | 376.1075 | 501.4767 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 441 | 104 | 545 |
| 2. Additional Services | 10,200 | 2,405 | 12,605 |
| 3. Additional Services Exp & Per Diem | 23.1293 | 23.1250 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 175.1358 | 175.1358 | 95,449 |
| 2. Resident Care Component | 426.4717 | 551.8366 | 245,465 |
| 3. Property Cost Component | 66.5284 | 66.5284 | 36,258 |
| 4. ROE/Use Allow Component | 6.3339 | 6.3339 | 3,452 |
| 5. Total Cost Per Diem | 674.4698 | 799.8347 | 380,624 |

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

| |
|---------------------------|
| Provider Number: 12040300 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 27.2349 | 27.2349 | A3D Allowable Resident Care Exp | 14,843 |
| B5 Allocation of D/C Expenses | 376.1075 | 501.4767 | B4 Allocation of D/C Expenses | 218,017 |
| C3 Additional Services per Diem | 23.1293 | 23.1250 | C2 Additional Services per Diem | 12,605 |
| Total Resident Care Component | 426.4717 | 551.8366 | Total Resident Care Component | 245,465 |

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Florida Agency For Health Care Administration

012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Suffridge Drive Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12073200 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 549 | 2,745 | 3,294 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 540,868 |
| B. Plant Operation | | | 44,027 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 18,235 |
| E. Operating Expense Component & Per Diem | 183.0996 | 183.0996 | 603,130 |
| 3. Resident Care | | | |
| A. Dietary | | | 47,220 |
| B. Other | | | 11,526 |
| C. Nursing | | | 52,092 |
| D. Resident Care & Per Diem | 33.6485 | 33.6485 | 110,838 |
| 4. Prop Exp & Per Diem | 66.8549 | 66.8549 | 220,220 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 411.75 | 2,745.00 | 3,156.75 |
| 3. Staffing Percent | 0.1304 | 0.8696 | 1.0000 |
| 4. Allocation of Direct Care | 67,279.56 | 448,530.44 | 515,810.00 |
| 5. Direct Care Expense Per Diem | 122.5493 | 163.3991 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 549 | 2,745 | 3,294 |
| 2. Additional Services | 1,727 | 8,637 | 10,364 |
| 3. Additional Services Exp & Per Diem | 3.1457 | 3.1464 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 183.0996 | 183.0996 | 603,130 |
| 2. Resident Care Component | 159.3435 | 200.1940 | 637,012 |
| 3. Property Cost Component | 66.8549 | 66.8549 | 220,220 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 409.2980 | 450.1485 | 1,460,362 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Suffridge Drive Group Home

| |
|---------------------------|
| Provider Number: 12073200 |
|---------------------------|

| |
|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 33.6485 | 33.6485 | A3D Allowable Resident Care Exp | 110,838 |
| B5 Allocation of D/C Expenses | 122.5493 | 163.3991 | B4 Allocation of D/C Expenses | 515,810 |
| C3 Additional Services per Diem | 3.1457 | 3.1464 | C2 Additional Services per Diem | 10,364 |
| Total Resident Care Component | 159.3435 | 200.1940 | Total Resident Care Component | 637,012 |

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Florida Agency For Health Care Administration

012074200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Coletta Drive Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12074200 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,098 | 2,196 | 3,294 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 516,591 |
| B. Plant Operation | | | 33,649 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 16,348 |
| E. Operating Expense Component & Per Diem | 172.0061 | 172.0061 | 566,588 |
| 3. Resident Care | | | |
| A. Dietary | | | 32,905 |
| B. Other | | | 63,278 |
| C. Nursing | | | 97,198 |
| D. Resident Care & Per Diem | 58.7070 | 58.7070 | 193,381 |
| 4. Prop Exp & Per Diem | 66.9821 | 66.9821 | 220,639 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 823.50 | 2,196.00 | 3,019.50 |
| 3. Staffing Percent | 0.2727 | 0.7273 | 1.0000 |
| 4. Allocation of Direct Care | 130,965.82 | 349,242.18 | 480,208.00 |
| 5. Direct Care Expense Per Diem | 119.2767 | 159.0356 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,098 | 2,196 | 3,294 |
| 2. Additional Services | 3,965 | 7,930 | 11,895 |
| 3. Additional Services Exp & Per Diem | 3.6111 | 3.6111 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 172.0061 | 172.0061 | 566,588 |
| 2. Resident Care Component | 181.5948 | 221.3537 | 685,484 |
| 3. Property Cost Component | 66.9821 | 66.9821 | 220,639 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 420.5830 | 460.3419 | 1,472,711 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Coletta Drive Group Home

| |
|---------------------------|
| Provider Number: 12074200 |
|---------------------------|

| |
|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 58.7070 | 58.7070 | A3D Allowable Resident Care Exp | 193,381 |
| B5 Allocation of D/C Expenses | 119.2767 | 159.0356 | B4 Allocation of D/C Expenses | 480,208 |
| C3 Additional Services per Diem | 3.6111 | 3.6111 | C2 Additional Services per Diem | 11,895 |
| Total Resident Care Component | 181.5948 | 221.3537 | Total Resident Care Component | 685,484 |

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Florida Agency For Health Care Administration

012074800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Spring Street Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12074800 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,345 | 591 | 1,936 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 409,725 |
| B. Plant Operation | | | 29,771 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 17,493 |
| E. Operating Expense Component & Per Diem | 236.0480 | 236.0480 | 456,989 |
| 3. Resident Care | | | |
| A. Dietary | | | 21,164 |
| B. Other | | | 448 |
| C. Nursing | | | 90,864 |
| D. Resident Care & Per Diem | 58.0971 | 58.0971 | 112,476 |
| 4. Prop Exp & Per Diem | 86.1751 | 86.1751 | 166,835 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,008.75 | 591.00 | 1,599.75 |
| 3. Staffing Percent | 0.6306 | 0.3694 | 1.0000 |
| 4. Allocation of Direct Care | 375,099.88 | 219,761.12 | 594,861.00 |
| 5. Direct Care Expense Per Diem | 278.8847 | 371.8462 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,345 | 591 | 1,936 |
| 2. Additional Services | 8,150 | 3,581 | 11,731 |
| 3. Additional Services Exp & Per Diem | 6.0595 | 6.0592 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 236.0480 | 236.0480 | 456,989 |
| 2. Resident Care Component | 343.0413 | 436.0025 | 719,068 |
| 3. Property Cost Component | 86.1751 | 86.1751 | 166,835 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 665.2644 | 758.2256 | 1,342,892 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Spring Street Group Home

| |
|---------------------------|
| Provider Number: 12074800 |
|---------------------------|

| |
|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 58.0971 | 58.0971 | A3D Allowable Resident Care Exp | 112,476 |
| B5 Allocation of D/C Expenses | 278.8847 | 371.8462 | B4 Allocation of D/C Expenses | 594,861 |
| C3 Additional Services per Diem | 6.0595 | 6.0592 | C2 Additional Services per Diem | 11,731 |
| Total Resident Care Component | 343.0413 | 436.0025 | Total Resident Care Component | 719,068 |

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Florida Agency For Health Care Administration

012075300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Walnut Street Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12075300 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 580 | 2,714 | 3,294 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 507,909 |
| B. Plant Operation | | | 41,064 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 13,961 |
| E. Operating Expense Component & Per Diem | 170.8968 | 170.8968 | 562,934 |
| 3. Resident Care | | | |
| A. Dietary | | | 29,872 |
| B. Other | | | 126,688 |
| C. Nursing | | | 63,420 |
| D. Resident Care & Per Diem | 66.7820 | 66.7820 | 219,980 |
| 4. Prop Exp & Per Diem | 70.1469 | 70.1469 | 231,064 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 435.00 | 2,714.00 | 3,149.00 |
| 3. Staffing Percent | 0.1381 | 0.8619 | 1.0000 |
| 4. Allocation of Direct Care | 56,058.78 | 349,755.22 | 405,814.00 |
| 5. Direct Care Expense Per Diem | 96.6531 | 128.8708 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 580 | 2,714 | 3,294 |
| 2. Additional Services | 1,180 | 5,523 | 6,703 |
| 3. Additional Services Exp & Per Diem | 2.0345 | 2.0350 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 170.8968 | 170.8968 | 562,934 |
| 2. Resident Care Component | 165.4696 | 197.6878 | 632,497 |
| 3. Property Cost Component | 70.1469 | 70.1469 | 231,064 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 406.5133 | 438.7315 | 1,426,495 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Walnut Street Group Home

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| Provider Number: 12075300 |
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|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 66.7820 | 66.7820 | A3D Allowable Resident Care Exp | 219,980 |
| B5 Allocation of D/C Expenses | 96.6531 | 128.8708 | B4 Allocation of D/C Expenses | 405,814 |
| C3 Additional Services per Diem | 2.0345 | 2.0350 | C2 Additional Services per Diem | 6,703 |
| Total Resident Care Component | 165.4696 | 197.6878 | Total Resident Care Component | 632,497 |

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Florida Agency For Health Care Administration

012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|---|---------------------------|-----------------------|
| Provider Name: | Suncoast - Bessent Road Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12075700 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|---|--|------------------------------------|------------------|
| <u>A. Allocation of Expenses (excluding B & C)</u> | | | |
| 1. Resident Days | 549 | 2,358 | 2,907 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 511,261 |
| B. Plant Operation | | | 49,286 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 13,149 |
| E. Operating Expense Component & Per Diem | 197.3498 | 197.3498 | 573,696 |
| 3. Resident Care | | | |
| A. Dietary | | | 26,022 |
| B. Other | | | 109,120 |
| C. Nursing | | | 70,117 |
| D. Resident Care & Per Diem | 70.6085 | 70.6085 | 205,259 |
| 4. Prop Exp & Per Diem | 72.5841 | 72.5841 | 211,002 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| <u>B. Direct Care Expense</u> | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 411.75 | 2,358.00 | 2,769.75 |
| 3. Staffing Percent | 0.1487 | 0.8513 | 1.0000 |
| 4. Allocation of Direct Care | 58,400.49 | 334,446.51 | 392,847.00 |
| 5. Direct Care Expense Per Diem | 106.3761 | 141.8348 | |
| <u>C. Additional Services Expense</u> | | | |
| 1. Medicaid Inpatient Days | 549 | 2,358 | 2,907 |
| 2. Additional Services | 1,611 | 6,921 | 8,532 |
| 3. Additional Services Exp & Per Diem | 2.9344 | 2.9351 | |
| <u>D. Medicaid Per Diem Cost</u> | | | |
| 1. Operating Component | 197.3498 | 197.3498 | 573,696 |
| 2. Resident Care Component | 179.9190 | 215.3784 | 606,638 |
| 3. Property Cost Component | 72.5841 | 72.5841 | 211,002 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 449.8529 | 485.3123 | 1,391,336 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Bessent Road Group Home

| |
|---------------------------|
| Provider Number: 12075700 |
|---------------------------|

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| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 70.6085 | 70.6085 | A3D Allowable Resident Care Exp | 205,259 |
| B5 Allocation of D/C Expenses | 106.3761 | 141.8348 | B4 Allocation of D/C Expenses | 392,847 |
| C3 Additional Services per Diem | 2.9344 | 2.9351 | C2 Additional Services per Diem | 8,532 |
| Total Resident Care Component | 179.9190 | 215.3784 | Total Resident Care Component | 606,638 |

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Florida Agency For Health Care Administration

012075900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Suncoast - Frederick Avenue Group Home**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 12075900

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 12/31/2022

Date: 8/1/2024

Days In Reporting Period: 549

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 2,572 | 2,572 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 456,648 |
| B. Plant Operation | | | 42,962 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 15,712 |
| E. Operating Expense Component & Per Diem | 200.3585 | 200.3585 | 515,322 |
| 3. Resident Care | | | |
| A. Dietary | | | 27,401 |
| B. Other | | | 95,199 |
| C. Nursing | | | 47,580 |
| D. Resident Care & Per Diem | 66.1664 | 66.1664 | 170,180 |
| 4. Prop Exp & Per Diem | 73.4086 | 73.4086 | 188,807 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 2,572.00 | 2,572.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 398,759.00 | 398,759.00 |
| 5. Direct Care Expense Per Diem | 77.5193 | 155.0385 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 2,572 | 2,572 |
| 2. Additional Services | 0 | 11,396 | 11,396 |
| 3. Additional Services Exp & Per Diem | 4.4308 | 4.4308 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 200.3585 | 200.3585 | 515,322 |
| 2. Resident Care Component | 148.1165 | 225.6357 | 580,335 |
| 3. Property Cost Component | 73.4086 | 73.4086 | 188,807 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 421.8836 | 499.4028 | 1,284,464 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Frederick Avenue Group Home

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|---------------------------|
| Provider Number: 12075900 |
|---------------------------|

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|-----------------|
| FYE: 12/31/2022 |
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| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 66.1664 | 66.1664 | A3D Allowable Resident Care Exp | 170,180 |
| B5 Allocation of D/C Expenses | 77.5193 | 155.0385 | B4 Allocation of D/C Expenses | 398,759 |
| C3 Additional Services per Diem | 4.4308 | 4.4308 | C2 Additional Services per Diem | 11,396 |
| Total Resident Care Component | 148.1165 | 225.6357 | Total Resident Care Component | 580,335 |

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Florida Agency For Health Care Administration

012373500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Suncoast - 107th Place Group Home**
 Provider Number: 12373500
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2021 - 12/31/2022
 Days In Reporting Period: 549
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 104 | 2,597 | 2,701 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 458,250 |
| B. Plant Operation | | | 32,517 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 13,920 |
| E. Operating Expense Component & Per Diem | 186.8519 | 186.8519 | 504,687 |
| 3. Resident Care | | | |
| A. Dietary | | | 24,972 |
| B. Other | | | 97,190 |
| C. Nursing | | | 48,979 |
| D. Resident Care & Per Diem | 63.3621 | 63.3621 | 171,141 |
| 4. Prop Exp & Per Diem | 71.8819 | 71.8819 | 194,153 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 78.00 | 2,597.00 | 2,675.00 |
| 3. Staffing Percent | 0.0292 | 0.9708 | 1.0000 |
| 4. Allocation of Direct Care | 12,916.19 | 430,042.81 | 442,959.00 |
| 5. Direct Care Expense Per Diem | 124.1941 | 165.5921 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 104 | 2,597 | 2,701 |
| 2. Additional Services | 601 | 15,012 | 15,613 |
| 3. Additional Services Exp & Per Diem | 5.7788 | 5.7805 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 186.8519 | 186.8519 | 504,687 |
| 2. Resident Care Component | 193.3350 | 234.7347 | 629,713 |
| 3. Property Cost Component | 71.8819 | 71.8819 | 194,153 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 452.0688 | 493.4685 | 1,328,553 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 107th Place Group Home

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|---------------------------|
| Provider Number: 12373500 |
|---------------------------|

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| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 63.3621 | 63.3621 | A3D Allowable Resident Care Exp | 171,141 |
| B5 Allocation of D/C Expenses | 124.1941 | 165.5921 | B4 Allocation of D/C Expenses | 442,959 |
| C3 Additional Services per Diem | 5.7788 | 5.7805 | C2 Additional Services per Diem | 15,613 |
| Total Resident Care Component | 193.3350 | 234.7347 | Total Resident Care Component | 629,713 |

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Florida Agency For Health Care Administration

012374200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Second Street Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12374200 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 87 | 2,745 | 2,832 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 515,911 |
| B. Plant Operation | | | 44,819 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 17,749 |
| E. Operating Expense Component & Per Diem | 204.2652 | 204.2652 | 578,479 |
| 3. Resident Care | | | |
| A. Dietary | | | 35,706 |
| B. Other | | | 137,893 |
| C. Nursing | | | 24,002 |
| D. Resident Care & Per Diem | 69.7744 | 69.7744 | 197,601 |
| 4. Prop Exp & Per Diem | 71.2041 | 71.2041 | 201,650 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 65.25 | 2,745.00 | 2,810.25 |
| 3. Staffing Percent | 0.0232 | 0.9768 | 1.0000 |
| 4. Allocation of Direct Care | 10,407.70 | 437,841.30 | 448,249.00 |
| 5. Direct Care Expense Per Diem | 119.6287 | 159.5050 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 87 | 2,745 | 2,832 |
| 2. Additional Services | 272 | 8,591 | 8,863 |
| 3. Additional Services Exp & Per Diem | 3.1264 | 3.1297 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 204.2652 | 204.2652 | 578,479 |
| 2. Resident Care Component | 192.5295 | 232.4091 | 654,713 |
| 3. Property Cost Component | 71.2041 | 71.2041 | 201,650 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 467.9988 | 507.8784 | 1,434,842 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Second Street Group Home

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| Provider Number: 12374200 |
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| FYE: 12/31/2022 |
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| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 69.7744 | 69.7744 | A3D Allowable Resident Care Exp | 197,601 |
| B5 Allocation of D/C Expenses | 119.6287 | 159.5050 | B4 Allocation of D/C Expenses | 448,249 |
| C3 Additional Services per Diem | 3.1264 | 3.1297 | C2 Additional Services per Diem | 8,863 |
| Total Resident Care Component | 192.5295 | 232.4091 | Total Resident Care Component | 654,713 |

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Florida Agency For Health Care Administration

012374400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Suncoast - Rosewood Avenue Group Home**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 12374400

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 7/1/2021 - 12/31/2022

Date: 8/1/2024

Days In Reporting Period: 549

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 3,048 | 3,048 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 483,266 |
| B. Plant Operation | | | 48,229 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 18,176 |
| E. Operating Expense Component & Per Diem | 180.3383 | 180.3383 | 549,671 |
| 3. Resident Care | | | |
| A. Dietary | | | 35,569 |
| B. Other | | | 89,426 |
| C. Nursing | | | 22,988 |
| D. Resident Care & Per Diem | 48.5509 | 48.5509 | 147,983 |
| 4. Prop Exp & Per Diem | 48.5509 | 48.5509 | 147,983 |
| 5. ROE/Use Per Diem | 69.9170 | 69.9170 | 213,107 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 3,048.00 | 3,048.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 432,984.00 | 432,984.00 |
| 5. Direct Care Expense Per Diem | 71.0276 | 142.0551 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 3,048 | 3,048 |
| 2. Additional Services | 0 | 11,518 | 11,518 |
| 3. Additional Services Exp & Per Diem | 3.7789 | 3.7789 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 180.3383 | 180.3383 | 549,671 |
| 2. Resident Care Component | 123.3574 | 194.3849 | 592,485 |
| 3. Property Cost Component | 48.5509 | 48.5509 | 147,983 |
| 4. ROE/Use Allow Component | 69.9170 | 69.9170 | 213,107 |
| 5. Total Cost Per Diem | 422.1636 | 493.1911 | 1,503,246 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Rosewood Avenue Group Home

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|---------------------------|
| Provider Number: 12374400 |
|---------------------------|

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|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 48.5509 | 48.5509 | A3D Allowable Resident Care Exp | 147,983 |
| B5 Allocation of D/C Expenses | 71.0276 | 142.0551 | B4 Allocation of D/C Expenses | 432,984 |
| C3 Additional Services per Diem | 3.7789 | 3.7789 | C2 Additional Services per Diem | 11,518 |
| Total Resident Care Component | 123.3574 | 194.3849 | Total Resident Care Component | 592,485 |

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Florida Agency For Health Care Administration

012375400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - 19th Street Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12375400 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 549 | 2,388 | 2,937 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 440,232 |
| B. Plant Operation | | | 38,897 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 16,364 |
| E. Operating Expense Component & Per Diem | 168.7072 | 168.7072 | 495,493 |
| 3. Resident Care | | | |
| A. Dietary | | | 33,028 |
| B. Other | | | 6,675 |
| C. Nursing | | | 138,305 |
| D. Resident Care & Per Diem | 60.6088 | 60.6088 | 178,008 |
| 4. Prop Exp & Per Diem | 72.5669 | 72.5669 | 213,129 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 411.75 | 2,388.00 | 2,799.75 |
| 3. Staffing Percent | 0.1471 | 0.8529 | 1.0000 |
| 4. Allocation of Direct Care | 84,293.49 | 488,871.51 | 573,165.00 |
| 5. Direct Care Expense Per Diem | 153.5400 | 204.7201 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 549 | 2,388 | 2,937 |
| 2. Additional Services | 1,914 | 8,326 | 10,240 |
| 3. Additional Services Exp & Per Diem | 3.4863 | 3.4866 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 168.7072 | 168.7072 | 495,493 |
| 2. Resident Care Component | 217.6351 | 268.8155 | 761,413 |
| 3. Property Cost Component | 72.5669 | 72.5669 | 213,129 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 458.9092 | 510.0896 | 1,470,035 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - 19th Street Group Home

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|---------------------------|
| Provider Number: 12375400 |
|---------------------------|

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|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 60.6088 | 60.6088 | A3D Allowable Resident Care Exp | 178,008 |
| B5 Allocation of D/C Expenses | 153.5400 | 204.7201 | B4 Allocation of D/C Expenses | 573,165 |
| C3 Additional Services per Diem | 3.4863 | 3.4866 | C2 Additional Services per Diem | 10,240 |
| Total Resident Care Component | 217.6351 | 268.8155 | Total Resident Care Component | 761,413 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|---|---------------------------|-----------------------|
| Provider Name: | Suncoast - Tunis Street Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12386400 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 562 | 2,423 | 2,985 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 458,679 |
| B. Plant Operation | | | 39,898 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 16,328 |
| E. Operating Expense Component & Per Diem | 172.4975 | 172.4975 | 514,905 |
| 3. Resident Care | | | |
| A. Dietary | | | 26,064 |
| B. Other | | | 119,022 |
| C. Nursing | | | 22,453 |
| D. Resident Care & Per Diem | 56.1270 | 56.1270 | 167,539 |
| 4. Prop Exp & Per Diem | 75.4395 | 75.4395 | 225,187 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 421.50 | 2,423.00 | 2,844.50 |
| 3. Staffing Percent | 0.1482 | 0.8518 | 1.0000 |
| 4. Allocation of Direct Care | 88,235.83 | 507,225.17 | 595,461.00 |
| 5. Direct Care Expense Per Diem | 157.0033 | 209.3377 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 562 | 2,423 | 2,985 |
| 2. Additional Services | 2,415 | 10,413 | 12,828 |
| 3. Additional Services Exp & Per Diem | 4.2972 | 4.2976 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 172.4975 | 172.4975 | 514,905 |
| 2. Resident Care Component | 217.4275 | 269.7623 | 775,828 |
| 3. Property Cost Component | 75.4395 | 75.4395 | 225,187 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 465.3645 | 517.6993 | 1,515,920 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Tunis Street Group Home

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|---------------------------|
| Provider Number: 12386400 |
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|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 56.1270 | 56.1270 | A3D Allowable Resident Care Exp | 167,539 |
| B5 Allocation of D/C Expenses | 157.0033 | 209.3377 | B4 Allocation of D/C Expenses | 595,461 |
| C3 Additional Services per Diem | 4.2972 | 4.2976 | C2 Additional Services per Diem | 12,828 |
| Total Resident Care Component | 217.4275 | 269.7623 | Total Resident Care Component | 775,828 |

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Florida Agency For Health Care Administration

012390800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|---|---------------------------|-----------------------|
| Provider Name: | Suncoast - Plaza Oval Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12390800 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 351 | 2,745 | 3,096 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 447,306 |
| B. Plant Operation | | | 43,483 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 15,834 |
| E. Operating Expense Component & Per Diem | 163.6379 | 163.6379 | 506,623 |
| 3. Resident Care | | | |
| A. Dietary | | | 33,054 |
| B. Other | | | 68,108 |
| C. Nursing | | | 281,670 |
| D. Resident Care & Per Diem | 123.6537 | 123.6537 | 382,832 |
| 4. Prop Exp & Per Diem | 69.1169 | 69.1169 | 213,986 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 263.25 | 2,745.00 | 3,008.25 |
| 3. Staffing Percent | 0.0875 | 0.9125 | 1.0000 |
| 4. Allocation of Direct Care | 29,762.46 | 310,343.55 | 340,106.00 |
| 5. Direct Care Expense Per Diem | 84.7933 | 113.0578 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 351 | 2,745 | 3,096 |
| 2. Additional Services | 1,181 | 9,235 | 10,416 |
| 3. Additional Services Exp & Per Diem | 3.3647 | 3.3643 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 163.6379 | 163.6379 | 506,623 |
| 2. Resident Care Component | 211.8117 | 240.0758 | 733,354 |
| 3. Property Cost Component | 69.1169 | 69.1169 | 213,986 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 444.5665 | 472.8306 | 1,453,963 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Plaza Oval Group Home

| |
|---------------------------|
| Provider Number: 12390800 |
|---------------------------|

| |
|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 123.6537 | 123.6537 | A3D Allowable Resident Care Exp | 382,832 |
| B5 Allocation of D/C Expenses | 84.7933 | 113.0578 | B4 Allocation of D/C Expenses | 340,106 |
| C3 Additional Services per Diem | 3.3647 | 3.3643 | C2 Additional Services per Diem | 10,416 |
| Total Resident Care Component | 211.8117 | 240.0758 | Total Resident Care Component | 733,354 |

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Florida Agency For Health Care Administration

012392700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

| | | | |
|------------------|--|---------------------------|-----------------------|
| Provider Name: | Suncoast - Claudia Drive Group Home | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 12392700 | Rate Semester : | July, 2024 |
| Audit Status: | Unaudited Costs | Cost Report : | 7/1/2021 - 12/31/2022 |
| Date: | 8/1/2024 | Days In Reporting Period: | 549 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,229 | 281 | 1,510 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 332,056 |
| B. Plant Operation | | | 56,791 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 13,079 |
| E. Operating Expense Component & Per Diem | 266.1762 | 266.1762 | 401,926 |
| 3. Resident Care | | | |
| A. Dietary | | | 21,061 |
| B. Other | | | 62,478 |
| C. Nursing | | | 90,530 |
| D. Resident Care & Per Diem | 115.2775 | 115.2775 | 174,069 |
| 4. Prop Exp & Per Diem | 101.9086 | 101.9086 | 153,882 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 921.75 | 281.00 | 1,202.75 |
| 3. Staffing Percent | 0.7664 | 0.2336 | 1.0000 |
| 4. Allocation of Direct Care | 265,634.90 | 80,980.10 | 346,615.00 |
| 5. Direct Care Expense Per Diem | 216.1391 | 288.1854 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,229 | 281 | 1,510 |
| 2. Additional Services | 9,911 | 2,266 | 12,177 |
| 3. Additional Services Exp & Per Diem | 8.0643 | 8.0641 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 266.1762 | 266.1762 | 401,926 |
| 2. Resident Care Component | 339.4809 | 411.5270 | 532,861 |
| 3. Property Cost Component | 101.9086 | 101.9086 | 153,882 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 707.5657 | 779.6118 | 1,088,669 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - Claudia Drive Group Home

| |
|---------------------------|
| Provider Number: 12392700 |
|---------------------------|

| |
|-----------------|
| FYE: 12/31/2022 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 115.2775 | 115.2775 | A3D Allowable Resident Care Exp | 174,069 |
| B5 Allocation of D/C Expenses | 216.1391 | 288.1854 | B4 Allocation of D/C Expenses | 346,615 |
| C3 Additional Services per Diem | 8.0643 | 8.0641 | C2 Additional Services per Diem | 12,177 |
| Total Resident Care Component | 339.4809 | 411.5270 | Total Resident Care Component | 532,861 |

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Florida Agency For Health Care Administration

012410100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Suncoast - High Desert Court Group Home**
 Provider Number: 12410100
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2021 - 12/31/2022
 Days In Reporting Period: 549
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 3,202 | 3,202 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 468,713 |
| B. Plant Operation | | | 48,461 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 13,604 |
| E. Operating Expense Component & Per Diem | 165.7645 | 165.7645 | 530,778 |
| 3. Resident Care | | | |
| A. Dietary | | | 22,467 |
| B. Other | | | 125,120 |
| C. Nursing | | | 75,835 |
| D. Resident Care & Per Diem | 69.7758 | 69.7758 | 223,422 |
| 4. Prop Exp & Per Diem | 73.5294 | 73.5294 | 235,441 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 3,202.00 | 3,202.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 468,729.00 | 468,729.00 |
| 5. Direct Care Expense Per Diem | 73.1932 | 146.3863 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 3,202 | 3,202 |
| 2. Additional Services | 0 | 6,921 | 6,921 |
| 3. Additional Services Exp & Per Diem | 2.1615 | 2.1615 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 165.7645 | 165.7645 | 530,778 |
| 2. Resident Care Component | 145.1305 | 218.3236 | 699,072 |
| 3. Property Cost Component | 73.5294 | 73.5294 | 235,441 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 384.4244 | 457.6175 | 1,465,291 |

Resident Care Component Per-Diem Calculation

Facility Name: Suncoast - High Desert Court Group Home

| |
|---------------------------|
| Provider Number: 12410100 |
| FYE: 12/31/2022 |

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 69.7758 | 69.7758 | A3D Allowable Resident Care Exp | 223,422 |
| B5 Allocation of D/C Expenses | 73.1932 | 146.3863 | B4 Allocation of D/C Expenses | 468,729 |
| C3 Additional Services per Diem | 2.1615 | 2.1615 | C2 Additional Services per Diem | 6,921 |
| Total Resident Care Component | 145.1305 | 218.3236 | Total Resident Care Component | 699,072 |

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Florida Agency For Health Care Administration

028000300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2024

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Budget
 Date: 8/1/2024

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2024
 Cost Report : 5/1/2022 - 4/30/2023
 Days In Reporting Period: 365
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 16,708 | 5,708 | 22,416 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,898,500 |
| B. Plant Operation | | | 611,600 |
| C. Laundry | | | 132,900 |
| D. Housekeeping | | | 337,600 |
| E. Operating Expense Component & Per Diem | 132.9675 | 132.9675 | 2,980,600 |
| 3. Resident Care | | | |
| A. Dietary | | | 816,100 |
| B. Other | | | 1,980,200 |
| C. Nursing | | | 1,906,800 |
| D. Resident Care & Per Diem | 209.8100 | 209.8100 | 4,703,100 |
| 4. Prop Exp & Per Diem | 27.3688 | 27.3688 | 613,500 |
| 5. ROE/Use Per Diem | 1.2135 | 1.2135 | 27,202 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 8,354.00 | 5,708.00 | 14,062.00 |
| 3. Staffing Percent | 0.5941 | 0.4059 | 1.0000 |
| 4. Allocation of Direct Care | 1,066,676.65 | 728,823.35 | 1,795,500.00 |
| 5. Direct Care Expense Per Diem | 63.8423 | 127.6845 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 16,708 | 5,708 | 22,416 |
| 2. Additional Services | 179,185 | 61,215 | 240,400 |
| 3. Additional Services Exp & Per Diem | 10.7245 | 10.7244 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 132.9675 | 132.9675 | 2,980,600 |
| 2. Resident Care Component | 284.3768 | 348.2189 | 6,739,000 |
| 3. Property Cost Component | 27.3688 | 27.3688 | 613,500 |
| 4. ROE/Use Allow Component | 1.2135 | 1.2135 | 27,202 |
| 5. Total Cost Per Diem | 445.9266 | 509.7687 | 10,360,302 |

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

| |
|---------------------------|
| Provider Number: 28000300 |
|---------------------------|

| |
|-----------------|
| FYE: 04/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 209.8100 | 209.8100 | A3D Allowable Resident Care Exp | 4,703,100 |
| B5 Allocation of D/C Expenses | 63.8423 | 127.6845 | B4 Allocation of D/C Expenses | 1,795,500 |
| C3 Additional Services per Diem | 10.7245 | 10.7244 | C2 Additional Services per Diem | 240,400 |
| Total Resident Care Component | 284.3768 | 348.2189 | Total Resident Care Component | 6,739,000 |

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Florida Agency For Health Care Administration

028019401

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,474 | 8,474 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,120,314 |
| B. Plant Operation | | | 291,420 |
| C. Laundry | | | 4,718 |
| D. Housekeeping | | | 28,975 |
| E. Operating Expense Component & Per Diem | 170.5720 | 170.5720 | 1,445,427 |
| 3. Resident Care | | | |
| A. Dietary | | | 239,918 |
| B. Other | | | 767,749 |
| C. Nursing | | | 1,422,221 |
| D. Resident Care & Per Diem | 286.7463 | 286.7463 | 2,429,888 |
| 4. Prop Exp & Per Diem | 30.8792 | 30.8792 | 261,670 |
| 5. ROE/Use Per Diem | 9.5761 | 9.5761 | 81,148 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,474.00 | 8,474.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 1,999,028.00 | 1,999,028.00 |
| 5. Direct Care Expense Per Diem | 117.9507 | 235.9013 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,474 | 8,474 |
| 2. Additional Services | 0 | 16,168 | 16,168 |
| 3. Additional Services Exp & Per Diem | 1.9080 | 1.9080 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 170.5720 | 170.5720 | 1,445,427 |
| 2. Resident Care Component | 406.6050 | 524.5556 | 4,445,084 |
| 3. Property Cost Component | 30.8792 | 30.8792 | 261,670 |
| 4. ROE/Use Allow Component | 9.5761 | 9.5761 | 81,148 |
| 5. Total Cost Per Diem | 617.6323 | 735.5829 | 6,233,329 |

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

| |
|---------------------------|
| Provider Number: 28019401 |
| FYE: 09/30/2023 |

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 286.7463 | 286.7463 | A3D Allowable Resident Care Exp | 2,429,888 |
| B5 Allocation of D/C Expenses | 117.9507 | 235.9013 | B4 Allocation of D/C Expenses | 1,999,028 |
| C3 Additional Services per Diem | 1.9080 | 1.9080 | C2 Additional Services per Diem | 16,168 |
| Total Resident Care Component | 406.6050 | 524.5556 | Total Resident Care Component | 4,445,084 |

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Florida Agency For Health Care Administration

028020801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **McCauley Cluster (Sunrise)**
 Provider Number: 28020801
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,252 | 6,966 | 8,218 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 767,379 |
| B. Plant Operation | | | 322,162 |
| C. Laundry | | | 118 |
| D. Housekeeping | | | 49,661 |
| E. Operating Expense Component & Per Diem | 138.6371 | 138.6371 | 1,139,320 |
| 3. Resident Care | | | |
| A. Dietary | | | 259,746 |
| B. Other | | | 135,748 |
| C. Nursing | | | 853,212 |
| D. Resident Care & Per Diem | 151.9477 | 151.9477 | 1,248,706 |
| 4. Prop Exp & Per Diem | 19.4601 | 19.4601 | 159,923 |
| 5. ROE/Use Per Diem | 8.6839 | 8.6839 | 71,364 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 626.00 | 6,966.00 | 7,592.00 |
| 3. Staffing Percent | 0.0825 | 0.9175 | 1.0000 |
| 4. Allocation of Direct Care | 256,826.49 | 2,857,912.51 | 3,114,739.00 |
| 5. Direct Care Expense Per Diem | 205.1330 | 410.2659 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,252 | 6,966 | 8,218 |
| 2. Additional Services | 22,471 | 125,028 | 147,499 |
| 3. Additional Services Exp & Per Diem | 17.9481 | 17.9483 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 138.6371 | 138.6371 | 1,139,320 |
| 2. Resident Care Component | 375.0288 | 580.1619 | 4,510,944 |
| 3. Property Cost Component | 19.4601 | 19.4601 | 159,923 |
| 4. ROE/Use Allow Component | 8.6839 | 8.6839 | 71,364 |
| 5. Total Cost Per Diem | 541.8099 | 746.9430 | 5,881,551 |

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

| |
|---------------------------|
| Provider Number: 28020801 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 151.9477 | 151.9477 | A3D Allowable Resident Care Exp | 1,248,706 |
| B5 Allocation of D/C Expenses | 205.1330 | 410.2659 | B4 Allocation of D/C Expenses | 3,114,739 |
| C3 Additional Services per Diem | 17.9481 | 17.9483 | C2 Additional Services per Diem | 147,499 |
| Total Resident Care Component | 375.0288 | 580.1619 | Total Resident Care Component | 4,510,944 |

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Florida Agency For Health Care Administration

028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Greentree Court Cluster (Sunrise)**
 Provider Number: 28028301
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 123 | 8,086 | 8,209 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 667,679 |
| B. Plant Operation | | | 385,066 |
| C. Laundry | | | 1,546 |
| D. Housekeeping | | | 111,793 |
| E. Operating Expense Component & Per Diem | 142.0495 | 142.0495 | 1,166,084 |
| 3. Resident Care | | | |
| A. Dietary | | | 299,862 |
| B. Other | | | 245,362 |
| C. Nursing | | | 1,169,667 |
| D. Resident Care & Per Diem | 208.9038 | 208.9038 | 1,714,891 |
| 4. Prop Exp & Per Diem | 13.2702 | 13.2702 | 108,935 |
| 5. ROE/Use Per Diem | 7.2864 | 7.2864 | 59,814 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 61.50 | 8,086.00 | 8,147.50 |
| 3. Staffing Percent | 0.0075 | 0.9925 | 1.0000 |
| 4. Allocation of Direct Care | 20,632.79 | 2,712,792.21 | 2,733,425.00 |
| 5. Direct Care Expense Per Diem | 167.7463 | 335.4925 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 7,723 | 7,723 |
| 2. Additional Services | 0 | 173,538 | 173,538 |
| 3. Additional Services Exp & Per Diem | 22.4703 | 22.4703 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 142.0495 | 142.0495 | 1,166,084 |
| 2. Resident Care Component | 399.1204 | 566.8666 | 4,621,854 |
| 3. Property Cost Component | 13.2702 | 13.2702 | 108,935 |
| 4. ROE/Use Allow Component | 7.2864 | 7.2864 | 59,814 |
| 5. Total Cost Per Diem | 561.7265 | 729.4727 | 5,956,687 |

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

| |
|---------------------------|
| Provider Number: 28028301 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 208.9038 | 208.9038 | A3D Allowable Resident Care Exp | 1,714,891 |
| B5 Allocation of D/C Expenses | 167.7463 | 335.4925 | B4 Allocation of D/C Expenses | 2,733,425 |
| C3 Additional Services per Diem | 22.4703 | 22.4703 | C2 Additional Services per Diem | 173,538 |
| Total Resident Care Component | 399.1204 | 566.8666 | Total Resident Care Component | 4,621,854 |

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Florida Agency For Health Care Administration

028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Mahan Cluster (Sunrise)**
 Provider Number: 28029101
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,920 | 4,840 | 7,760 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 672,303 |
| B. Plant Operation | | | 313,437 |
| C. Laundry | | | 3,917 |
| D. Housekeeping | | | 53,866 |
| E. Operating Expense Component & Per Diem | 134.4746 | 134.4746 | 1,043,523 |
| 3. Resident Care | | | |
| A. Dietary | | | 230,359 |
| B. Other | | | 185,950 |
| C. Nursing | | | 950,829 |
| D. Resident Care & Per Diem | 176.1776 | 176.1776 | 1,367,138 |
| 4. Prop Exp & Per Diem | 11.6111 | 11.6111 | 90,102 |
| 5. ROE/Use Per Diem | 7.9191 | 7.9191 | 61,452 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,460.00 | 4,840.00 | 6,300.00 |
| 3. Staffing Percent | 0.2317 | 0.7683 | 1.0000 |
| 4. Allocation of Direct Care | 652,817.21 | 2,164,133.79 | 2,816,951.00 |
| 5. Direct Care Expense Per Diem | 223.5675 | 447.1351 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,920 | 4,810 | 7,730 |
| 2. Additional Services | 42,693 | 70,327 | 113,020 |
| 3. Additional Services Exp & Per Diem | 14.6209 | 14.6210 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 134.4746 | 134.4746 | 1,043,523 |
| 2. Resident Care Component | 414.3660 | 637.9337 | 4,297,109 |
| 3. Property Cost Component | 11.6111 | 11.6111 | 90,102 |
| 4. ROE/Use Allow Component | 7.9191 | 7.9191 | 61,452 |
| 5. Total Cost Per Diem | 568.3708 | 791.9385 | 5,492,186 |

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

| |
|---------------------------|
| Provider Number: 28029101 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 176.1776 | 176.1776 | A3D Allowable Resident Care Exp | 1,367,138 |
| B5 Allocation of D/C Expenses | 223.5675 | 447.1351 | B4 Allocation of D/C Expenses | 2,816,951 |
| C3 Additional Services per Diem | 14.6209 | 14.6210 | C2 Additional Services per Diem | 113,020 |
| Total Resident Care Component | 414.3660 | 637.9337 | Total Resident Care Component | 4,297,109 |

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Florida Agency For Health Care Administration

028030501

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 938 | 7,723 | 8,661 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 662,808 |
| B. Plant Operation | | | 195,168 |
| C. Laundry | | | 112,561 |
| D. Housekeeping | | | 6,244 |
| E. Operating Expense Component & Per Diem | 112.7792 | 112.7792 | 976,781 |
| 3. Resident Care | | | |
| A. Dietary | | | 247,684 |
| B. Other | | | 0 |
| C. Nursing | | | 507,498 |
| D. Resident Care & Per Diem | 87.1934 | 87.1934 | 755,182 |
| 4. Prop Exp & Per Diem | 10.8545 | 10.8545 | 94,011 |
| 5. ROE/Use Per Diem | 10.5447 | 10.5447 | 91,328 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 469.00 | 7,723.00 | 8,192.00 |
| 3. Staffing Percent | 0.0573 | 0.9427 | 1.0000 |
| 4. Allocation of Direct Care | 106,881.22 | 1,760,007.78 | 1,866,889.00 |
| 5. Direct Care Expense Per Diem | 113.9459 | 227.8917 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 938 | 7,723 | 8,661 |
| 2. Additional Services | 21,609 | 177,920 | 199,529 |
| 3. Additional Services Exp & Per Diem | 23.0373 | 23.0377 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 112.7792 | 112.7792 | 976,781 |
| 2. Resident Care Component | 224.1766 | 338.1228 | 2,821,600 |
| 3. Property Cost Component | 10.8545 | 10.8545 | 94,011 |
| 4. ROE/Use Allow Component | 10.5447 | 10.5447 | 91,328 |
| 5. Total Cost Per Diem | 358.3550 | 472.3012 | 3,983,720 |

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

| |
|---------------------------|
| Provider Number: 28030501 |
| FYE: 06/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 87.1934 | 87.1934 | A3D Allowable Resident Care Exp | 755,182 |
| B5 Allocation of D/C Expenses | 113.9459 | 227.8917 | B4 Allocation of D/C Expenses | 1,866,889 |
| C3 Additional Services per Diem | 23.0373 | 23.0377 | C2 Additional Services per Diem | 199,529 |
| Total Resident Care Component | 224.1766 | 338.1228 | Total Resident Care Component | 2,821,600 |

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Florida Agency For Health Care Administration

028032101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Gainesville 39th Avenue Cluster (Res-Care)**
 Provider Number: 28032101
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 499 | 7,965 | 8,464 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 691,213 |
| B. Plant Operation | | | 314,349 |
| C. Laundry | | | 11,786 |
| D. Housekeeping | | | 7,180 |
| E. Operating Expense Component & Per Diem | 121.0454 | 121.0454 | 1,024,528 |
| 3. Resident Care | | | |
| A. Dietary | | | 164,272 |
| B. Other | | | 0 |
| C. Nursing | | | 482,081 |
| D. Resident Care & Per Diem | 76.3650 | 76.3650 | 646,353 |
| 4. Prop Exp & Per Diem | 18.2059 | 18.2059 | 154,095 |
| 5. ROE/Use Per Diem | 6.8202 | 6.8202 | 57,726 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 249.50 | 7,965.00 | 8,214.50 |
| 3. Staffing Percent | 0.0304 | 0.9696 | 1.0000 |
| 4. Allocation of Direct Care | 62,632.96 | 1,999,485.04 | 2,062,118.00 |
| 5. Direct Care Expense Per Diem | 125.5169 | 251.0339 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 499 | 7,965 | 8,464 |
| 2. Additional Services | 11,726 | 187,027 | 198,753 |
| 3. Additional Services Exp & Per Diem | 23.4990 | 23.4811 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 121.0454 | 121.0454 | 1,024,528 |
| 2. Resident Care Component | 225.3809 | 350.8800 | 2,907,224 |
| 3. Property Cost Component | 18.2059 | 18.2059 | 154,095 |
| 4. ROE/Use Allow Component | 6.8202 | 6.8202 | 57,726 |
| 5. Total Cost Per Diem | 371.4524 | 496.9515 | 4,143,573 |

Resident Care Component Per-Diem Calculation

Facility Name: Gainesville 39th Avenue Cluster (Res-Care)

| |
|---------------------------|
| Provider Number: 28032101 |
| FYE: 06/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 76.3650 | 76.3650 | A3D Allowable Resident Care Exp | 646,353 |
| B5 Allocation of D/C Expenses | 125.5169 | 251.0339 | B4 Allocation of D/C Expenses | 2,062,118 |
| C3 Additional Services per Diem | 23.4990 | 23.4811 | C2 Additional Services per Diem | 198,753 |
| Total Resident Care Component | 225.3809 | 350.8800 | Total Resident Care Component | 2,907,224 |

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Florida Agency For Health Care Administration

028035600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28035600

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 10/1/2022 - 9/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 48

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 8,755 | 8,197 | 16,952 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,048,724 |
| B. Plant Operation | | | 231,004 |
| C. Laundry | | | 12,367 |
| D. Housekeeping | | | 83,667 |
| E. Operating Expense Component & Per Diem | 140.1464 | 140.1464 | 2,375,762 |
| 3. Resident Care | | | |
| A. Dietary | | | 492,364 |
| B. Other | | | 0 |
| C. Nursing | | | 911,858 |
| D. Resident Care & Per Diem | 82.8352 | 82.8352 | 1,404,222 |
| 4. Prop Exp & Per Diem | 13.9261 | 13.9261 | 236,076 |
| 5. ROE/Use Per Diem | 2.0633 | 2.0633 | 34,977 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 4,377.50 | 8,197.00 | 12,574.50 |
| 3. Staffing Percent | 0.3481 | 0.6519 | 1.0000 |
| 4. Allocation of Direct Care | 1,908,000.60 | 3,572,788.40 | 5,480,789.00 |
| 5. Direct Care Expense Per Diem | 217.9327 | 435.8654 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 8,755 | 8,197 | 16,952 |
| 2. Additional Services | 220,040 | 206,016 | 426,056 |
| 3. Additional Services Exp & Per Diem | 25.1331 | 25.1331 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 140.1464 | 140.1464 | 2,375,762 |
| 2. Resident Care Component | 325.9010 | 543.8337 | 7,311,067 |
| 3. Property Cost Component | 13.9261 | 13.9261 | 236,076 |
| 4. ROE/Use Allow Component | 2.0633 | 2.0633 | 34,977 |
| 5. Total Cost Per Diem | 482.0368 | 699.9695 | 9,957,882 |

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

| |
|---------------------------|
| Provider Number: 28035600 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 82.8352 | 82.8352 | A3D Allowable Resident Care Exp | 1,404,222 |
| B5 Allocation of D/C Expenses | 217.9327 | 435.8654 | B4 Allocation of D/C Expenses | 5,480,789 |
| C3 Additional Services per Diem | 25.1331 | 25.1331 | C2 Additional Services per Diem | 426,056 |
| Total Resident Care Component | 325.9010 | 543.8337 | Total Resident Care Component | 7,311,067 |

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Florida Agency For Health Care Administration

028036401

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2023 to 7/2024

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28036401

Rate Semester : July, 2024

Audit Status: Unaudited Costs

Cost Report : 10/1/2021 - 9/30/2022

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 7,974 | 7,974 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 982,169 |
| B. Plant Operation | | | 269,347 |
| C. Laundry | | | 3,006 |
| D. Housekeeping | | | 26,247 |
| E. Operating Expense Component & Per Diem | 160.6181 | 160.6181 | 1,280,769 |
| 3. Resident Care | | | |
| A. Dietary | | | 172,270 |
| B. Other | | | 541,074 |
| C. Nursing | | | 1,452,640 |
| D. Resident Care & Per Diem | 271.6308 | 271.6308 | 2,165,984 |
| 4. Prop Exp & Per Diem | 26.9078 | 26.9078 | 214,563 |
| 5. ROE/Use Per Diem | 2.8567 | 2.8567 | 22,779 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 7,974.00 | 7,974.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 1,724,422.00 | 1,724,422.00 |
| 5. Direct Care Expense Per Diem | 108.1278 | 216.2556 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 7,974 | 7,974 |
| 2. Additional Services | 0 | 51,469 | 51,469 |
| 3. Additional Services Exp & Per Diem | 6.4546 | 6.4546 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 160.6181 | 160.6181 | 1,280,769 |
| 2. Resident Care Component | 386.2132 | 494.3410 | 3,941,875 |
| 3. Property Cost Component | 26.9078 | 26.9078 | 214,563 |
| 4. ROE/Use Allow Component | 2.8567 | 2.8567 | 22,779 |
| 5. Total Cost Per Diem | 576.5958 | 684.7236 | 5,459,986 |

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

| |
|---------------------------|
| Provider Number: 28036401 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2022 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 271.6308 | 271.6308 | A3D Allowable Resident Care Exp | 2,165,984 |
| B5 Allocation of D/C Expenses | 108.1278 | 216.2556 | B4 Allocation of D/C Expenses | 1,724,422 |
| C3 Additional Services per Diem | 6.4546 | 6.4546 | C2 Additional Services per Diem | 51,469 |
| Total Resident Care Component | 386.2132 | 494.3410 | Total Resident Care Component | 3,941,875 |

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Florida Agency For Health Care Administration

028037201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Pembroke Pines Cluster**
 Provider Number: 28037201
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 5,258 | 5,258 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 189,430 |
| B. Plant Operation | | | 460,190 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 72,058 |
| E. Operating Expense Component & Per Diem | 137.2533 | 137.2533 | 721,678 |
| 3. Resident Care | | | |
| A. Dietary | | | 189,479 |
| B. Other | | | 0 |
| C. Nursing | | | 578,183 |
| D. Resident Care & Per Diem | 145.9989 | 145.9989 | 767,662 |
| 4. Prop Exp & Per Diem | 18.0164 | 18.0164 | 94,730 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 5,258.00 | 5,258.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 1,277,333.00 | 1,277,333.00 |
| 5. Direct Care Expense Per Diem | 121.4657 | 242.9313 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 5,258 | 5,258 |
| 2. Additional Services | 0 | 26,916 | 26,916 |
| 3. Additional Services Exp & Per Diem | 5.1191 | 5.1191 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 137.2533 | 137.2533 | 721,678 |
| 2. Resident Care Component | 272.5837 | 394.0493 | 2,071,911 |
| 3. Property Cost Component | 18.0164 | 18.0164 | 94,730 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 427.8534 | 549.3190 | 2,888,319 |

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

| |
|---------------------------|
| Provider Number: 28037201 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 145.9989 | 145.9989 | A3D Allowable Resident Care Exp | 767,662 |
| B5 Allocation of D/C Expenses | 121.4657 | 242.9313 | B4 Allocation of D/C Expenses | 1,277,333 |
| C3 Additional Services per Diem | 5.1191 | 5.1191 | C2 Additional Services per Diem | 26,916 |
| Total Resident Care Component | 272.5837 | 394.0493 | Total Resident Care Component | 2,071,911 |

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Florida Agency For Health Care Administration

028038101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Ocala Cluster (Res-Care)**
 Provider Number: 28038101
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,712 | 8,712 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 693,791 |
| B. Plant Operation | | | 240,306 |
| C. Laundry | | | 76,044 |
| D. Housekeeping | | | 13,254 |
| E. Operating Expense Component & Per Diem | 117.4696 | 117.4696 | 1,023,395 |
| 3. Resident Care | | | |
| A. Dietary | | | 117,217 |
| B. Other | | | 0 |
| C. Nursing | | | 355,127 |
| D. Resident Care & Per Diem | 54.2176 | 54.2176 | 472,344 |
| 4. Prop Exp & Per Diem | 18.5045 | 18.5045 | 161,211 |
| 5. ROE/Use Per Diem | 8.0790 | 8.0790 | 70,384 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,712.00 | 8,712.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,056,976.00 | 2,056,976.00 |
| 5. Direct Care Expense Per Diem | 118.0542 | 236.1084 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,712 | 8,712 |
| 2. Additional Services | 0 | 209,372 | 209,372 |
| 3. Additional Services Exp & Per Diem | 24.0326 | 24.0326 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 117.4696 | 117.4696 | 1,023,395 |
| 2. Resident Care Component | 196.3044 | 314.3586 | 2,738,692 |
| 3. Property Cost Component | 18.5045 | 18.5045 | 161,211 |
| 4. ROE/Use Allow Component | 8.0790 | 8.0790 | 70,384 |
| 5. Total Cost Per Diem | 340.3575 | 458.4117 | 3,993,682 |

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

| |
|---------------------------|
| Provider Number: 28038101 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 54.2176 | 54.2176 | A3D Allowable Resident Care Exp | 472,344 |
| B5 Allocation of D/C Expenses | 118.0542 | 236.1084 | B4 Allocation of D/C Expenses | 2,056,976 |
| C3 Additional Services per Diem | 24.0326 | 24.0326 | C2 Additional Services per Diem | 209,372 |
| Total Resident Care Component | 196.3044 | 314.3586 | Total Resident Care Component | 2,738,692 |

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Florida Agency For Health Care Administration

028040201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 365 | 7,946 | 8,311 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,067,127 |
| B. Plant Operation | | | 313,297 |
| C. Laundry | | | 3,230 |
| D. Housekeeping | | | 64,620 |
| E. Operating Expense Component & Per Diem | 174.2599 | 174.2599 | 1,448,274 |
| 3. Resident Care | | | |
| A. Dietary | | | 227,124 |
| B. Other | | | 712,207 |
| C. Nursing | | | 1,607,042 |
| D. Resident Care & Per Diem | 306.3859 | 306.3859 | 2,546,373 |
| 4. Prop Exp & Per Diem | 29.1105 | 29.1105 | 241,937 |
| 5. ROE/Use Per Diem | 11.0197 | 11.0197 | 91,585 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 182.50 | 7,946.00 | 8,128.50 |
| 3. Staffing Percent | 0.0225 | 0.9775 | 1.0000 |
| 4. Allocation of Direct Care | 42,047.19 | 1,830,722.81 | 1,872,770.00 |
| 5. Direct Care Expense Per Diem | 115.1978 | 230.3955 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 365 | 7,946 | 8,311 |
| 2. Additional Services | 356 | 7,734 | 8,090 |
| 3. Additional Services Exp & Per Diem | 0.9753 | 0.9733 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 174.2599 | 174.2599 | 1,448,274 |
| 2. Resident Care Component | 422.5590 | 537.7547 | 4,427,233 |
| 3. Property Cost Component | 29.1105 | 29.1105 | 241,937 |
| 4. ROE/Use Allow Component | 11.0197 | 11.0197 | 91,585 |
| 5. Total Cost Per Diem | 636.9491 | 752.1448 | 6,209,029 |

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

| |
|---------------------------|
| Provider Number: 28040201 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 306.3859 | 306.3859 | A3D Allowable Resident Care Exp | 2,546,373 |
| B5 Allocation of D/C Expenses | 115.1978 | 230.3955 | B4 Allocation of D/C Expenses | 1,872,770 |
| C3 Additional Services per Diem | 0.9753 | 0.9733 | C2 Additional Services per Diem | 8,090 |
| Total Resident Care Component | 422.5590 | 537.7547 | Total Resident Care Component | 4,427,233 |

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Florida Agency For Health Care Administration

028041101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,290 | 8,290 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 733,848 |
| B. Plant Operation | | | 467,020 |
| C. Laundry | | | 45,254 |
| D. Housekeeping | | | 78,760 |
| E. Operating Expense Component & Per Diem | 159.8169 | 159.8169 | 1,324,882 |
| 3. Resident Care | | | |
| A. Dietary | | | 229,755 |
| B. Other | | | 0 |
| C. Nursing | | | 1,661,170 |
| D. Resident Care & Per Diem | 228.0971 | 228.0971 | 1,890,925 |
| 4. Prop Exp & Per Diem | 41.8112 | 41.8112 | 346,615 |
| 5. ROE/Use Per Diem | 5.3706 | 5.3706 | 44,522 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,290.00 | 8,290.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,075,682.00 | 2,075,682.00 |
| 5. Direct Care Expense Per Diem | 125.1919 | 250.3838 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,290 | 8,290 |
| 2. Additional Services | 0 | 140,937 | 140,937 |
| 3. Additional Services Exp & Per Diem | 17.0008 | 17.0008 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 159.8169 | 159.8169 | 1,324,882 |
| 2. Resident Care Component | 370.2898 | 495.4817 | 4,107,544 |
| 3. Property Cost Component | 41.8112 | 41.8112 | 346,615 |
| 4. ROE/Use Allow Component | 5.3706 | 5.3706 | 44,522 |
| 5. Total Cost Per Diem | 577.2885 | 702.4804 | 5,823,563 |

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

| |
|---------------------------|
| Provider Number: 28041101 |
| FYE: 06/30/2023 |

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 228.0971 | 228.0971 | A3D Allowable Resident Care Exp | 1,890,925 |
| B5 Allocation of D/C Expenses | 125.1919 | 250.3838 | B4 Allocation of D/C Expenses | 2,075,682 |
| C3 Additional Services per Diem | 17.0008 | 17.0008 | C2 Additional Services per Diem | 140,937 |
| Total Resident Care Component | 370.2898 | 495.4817 | Total Resident Care Component | 4,107,544 |

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Florida Agency For Health Care Administration

028045301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|------------------------|---------------------------|----------------------|
| Provider Name: | MCP Braddock | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28045301 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 24 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,508 | 8,508 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 889,800 |
| B. Plant Operation | | | 536,531 |
| C. Laundry | | | 49,946 |
| D. Housekeeping | | | 186,143 |
| E. Operating Expense Component & Per Diem | 195.3949 | 195.3949 | 1,662,420 |
| 3. Resident Care | | | |
| A. Dietary | | | 228,437 |
| B. Other | | | 0 |
| C. Nursing | | | 2,080,123 |
| D. Resident Care & Per Diem | 271.3399 | 271.3399 | 2,308,560 |
| 4. Prop Exp & Per Diem | 49.8773 | 49.8773 | 424,356 |
| 5. ROE/Use Per Diem | 6.7387 | 6.7387 | 57,333 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,508.00 | 8,508.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,764,267.00 | 2,764,267.00 |
| 5. Direct Care Expense Per Diem | 162.4511 | 324.9021 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,508 | 8,508 |
| 2. Additional Services | 0 | 157,671 | 157,671 |
| 3. Additional Services Exp & Per Diem | 18.5321 | 18.5321 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 195.3949 | 195.3949 | 1,662,420 |
| 2. Resident Care Component | 452.3231 | 614.7741 | 5,230,498 |
| 3. Property Cost Component | 49.8773 | 49.8773 | 424,356 |
| 4. ROE/Use Allow Component | 6.7387 | 6.7387 | 57,333 |
| 5. Total Cost Per Diem | 704.3340 | 866.7850 | 7,374,607 |

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

| |
|---------------------------|
| Provider Number: 28045301 |
| FYE: 06/30/2023 |

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 271.3399 | 271.3399 | A3D Allowable Resident Care Exp | 2,308,560 |
| B5 Allocation of D/C Expenses | 162.4511 | 324.9021 | B4 Allocation of D/C Expenses | 2,764,267 |
| C3 Additional Services per Diem | 18.5321 | 18.5321 | C2 Additional Services per Diem | 157,671 |
| Total Resident Care Component | 452.3231 | 614.7741 | Total Resident Care Component | 5,230,498 |

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Florida Agency For Health Care Administration

028046101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,593 | 8,593 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 821,748 |
| B. Plant Operation | | | 509,562 |
| C. Laundry | | | 52,100 |
| D. Housekeeping | | | 172,136 |
| E. Operating Expense Component & Per Diem | 181.0248 | 181.0248 | 1,555,546 |
| 3. Resident Care | | | |
| A. Dietary | | | 246,479 |
| B. Other | | | 0 |
| C. Nursing | | | 1,702,938 |
| D. Resident Care & Per Diem | 226.8610 | 226.8610 | 1,949,417 |
| 4. Prop Exp & Per Diem | 41.8352 | 41.8352 | 359,490 |
| 5. ROE/Use Per Diem | 7.1551 | 7.1551 | 61,484 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,593.00 | 8,593.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,545,671.00 | 2,545,671.00 |
| 5. Direct Care Expense Per Diem | 148.1247 | 296.2494 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,593 | 8,593 |
| 2. Additional Services | 0 | 134,964 | 134,964 |
| 3. Additional Services Exp & Per Diem | 15.7063 | 15.7063 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 181.0248 | 181.0248 | 1,555,546 |
| 2. Resident Care Component | 390.6920 | 538.8167 | 4,630,052 |
| 3. Property Cost Component | 41.8352 | 41.8352 | 359,490 |
| 4. ROE/Use Allow Component | 7.1551 | 7.1551 | 61,484 |
| 5. Total Cost Per Diem | 620.7071 | 768.8318 | 6,606,572 |

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

| |
|---------------------------|
| Provider Number: 28046101 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 226.8610 | 226.8610 | A3D Allowable Resident Care Exp | 1,949,417 |
| B5 Allocation of D/C Expenses | 148.1247 | 296.2494 | B4 Allocation of D/C Expenses | 2,545,671 |
| C3 Additional Services per Diem | 15.7063 | 15.7063 | C2 Additional Services per Diem | 134,964 |
| Total Resident Care Component | 390.6920 | 538.8167 | Total Resident Care Component | 4,630,052 |

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Florida Agency For Health Care Administration

028048801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|------------------------|---------------------------|----------------------|
| Provider Name: | MCP Sunset | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28048801 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 24 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,685 | 8,685 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 780,714 |
| B. Plant Operation | | | 453,885 |
| C. Laundry | | | 49,456 |
| D. Housekeeping | | | 165,903 |
| E. Operating Expense Component & Per Diem | 166.9497 | 166.9497 | 1,449,958 |
| 3. Resident Care | | | |
| A. Dietary | | | 218,039 |
| B. Other | | | 0 |
| C. Nursing | | | 1,544,690 |
| D. Resident Care & Per Diem | 202.9625 | 202.9625 | 1,762,729 |
| 4. Prop Exp & Per Diem | 40.6996 | 40.6996 | 353,476 |
| 5. ROE/Use Per Diem | 5.7675 | 5.7675 | 50,091 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,685.00 | 8,685.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,561,711.00 | 2,561,711.00 |
| 5. Direct Care Expense Per Diem | 147.4791 | 294.9581 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,685 | 8,685 |
| 2. Additional Services | 0 | 151,880 | 151,880 |
| 3. Additional Services Exp & Per Diem | 17.4876 | 17.4876 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 166.9497 | 166.9497 | 1,449,958 |
| 2. Resident Care Component | 367.9292 | 515.4082 | 4,476,320 |
| 3. Property Cost Component | 40.6996 | 40.6996 | 353,476 |
| 4. ROE/Use Allow Component | 5.7675 | 5.7675 | 50,091 |
| 5. Total Cost Per Diem | 581.3460 | 728.8250 | 6,329,845 |

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

| |
|---------------------------|
| Provider Number: 28048801 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 202.9625 | 202.9625 | A3D Allowable Resident Care Exp | 1,762,729 |
| B5 Allocation of D/C Expenses | 147.4791 | 294.9581 | B4 Allocation of D/C Expenses | 2,561,711 |
| C3 Additional Services per Diem | 17.4876 | 17.4876 | C2 Additional Services per Diem | 151,880 |
| Total Resident Care Component | 367.9292 | 515.4082 | Total Resident Care Component | 4,476,320 |

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Florida Agency For Health Care Administration

028049601

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Dorchester Cluster (Sunrise)**
 Provider Number: 28049601
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,861 | 4,259 | 7,120 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 754,606 |
| B. Plant Operation | | | 274,932 |
| C. Laundry | | | 600 |
| D. Housekeeping | | | 55,382 |
| E. Operating Expense Component & Per Diem | 152.4607 | 152.4607 | 1,085,520 |
| 3. Resident Care | | | |
| A. Dietary | | | 263,021 |
| B. Other | | | 153,591 |
| C. Nursing | | | 999,054 |
| D. Resident Care & Per Diem | 198.8295 | 198.8295 | 1,415,666 |
| 4. Prop Exp & Per Diem | 10.0004 | 10.0004 | 71,203 |
| 5. ROE/Use Per Diem | 8.5180 | 8.5180 | 60,648 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,430.50 | 4,259.00 | 5,689.50 |
| 3. Staffing Percent | 0.2514 | 0.7486 | 1.0000 |
| 4. Allocation of Direct Care | 778,211.87 | 2,316,955.13 | 3,095,167.00 |
| 5. Direct Care Expense Per Diem | 272.0069 | 544.0139 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,861 | 4,259 | 7,120 |
| 2. Additional Services | 56,981 | 84,824 | 141,805 |
| 3. Additional Services Exp & Per Diem | 19.9165 | 19.9164 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 152.4607 | 152.4607 | 1,085,520 |
| 2. Resident Care Component | 490.7529 | 762.7598 | 4,652,638 |
| 3. Property Cost Component | 10.0004 | 10.0004 | 71,203 |
| 4. ROE/Use Allow Component | 8.5180 | 8.5180 | 60,648 |
| 5. Total Cost Per Diem | 661.7320 | 933.7389 | 5,870,009 |

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

| |
|---------------------------|
| Provider Number: 28049601 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 198.8295 | 198.8295 | A3D Allowable Resident Care Exp | 1,415,666 |
| B5 Allocation of D/C Expenses | 272.0069 | 544.0139 | B4 Allocation of D/C Expenses | 3,095,167 |
| C3 Additional Services per Diem | 19.9165 | 19.9164 | C2 Additional Services per Diem | 141,805 |
| Total Resident Care Component | 490.7529 | 762.7598 | Total Resident Care Component | 4,652,638 |

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Florida Agency For Health Care Administration

028059300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|---|---------------------------|----------------------|
| Provider Name: | 146th Place Grp Home #10 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28059300 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,190 | 0 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 88,940 |
| B. Plant Operation | | | 45,888 |
| C. Laundry | | | 96 |
| D. Housekeeping | | | 2,823 |
| E. Operating Expense Component & Per Diem | 62.8982 | | 137,747 |
| 3. Resident Care | | | |
| A. Dietary | | | 15,683 |
| B. Other | | | 56,033 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 32.7470 | | 71,716 |
| 4. Prop Exp & Per Diem | 11.0863 | | 24,279 |
| 5. ROE/Use Per Diem | 4.4215 | | 9,683 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,642.50 | 0.00 | 1,642.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 563,677.00 | 0.00 | 563,677.00 |
| 5. Direct Care Expense Per Diem | 257.3868 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,190 | 0 | 2,190 |
| 2. Additional Services | 2,622 | 0 | 2,622 |
| 3. Additional Services Exp & Per Diem | 1.1973 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 62.8982 | 0.0000 | 137,747 |
| 2. Resident Care Component | 291.3311 | 0.0000 | 638,015 |
| 3. Property Cost Component | 11.0863 | 0.0000 | 24,279 |
| 4. ROE/Use Allow Component | 4.4215 | 0.0000 | 9,683 |
| 5. Total Cost Per Diem | 369.7371 | 0.0000 | 809,724 |

Resident Care Component Per-Diem Calculation

Facility Name: 146th Place Grp Home #10 (Sunrise)

| |
|---------------------------|
| Provider Number: 28059300 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 32.7470 | 0.0000 | A3D Allowable Resident Care Exp | 71,716 |
| B5 Allocation of D/C Expenses | 257.3868 | 0.0000 | B4 Allocation of D/C Expenses | 563,677 |
| C3 Additional Services per Diem | 1.1973 | 0.0000 | C2 Additional Services per Diem | 2,622 |
| Total Resident Care Component | 291.3311 | 0.0000 | Total Resident Care Component | 638,015 |

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Florida Agency For Health Care Administration

028062300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|--|---------------------------|----------------------|
| Provider Name: | 119th Street Grp Home #11 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28062300 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,095 | 730 | 1,825 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 86,992 |
| B. Plant Operation | | | 37,697 |
| C. Laundry | | | 117 |
| D. Housekeeping | | | 1,882 |
| E. Operating Expense Component & Per Diem | 69.4181 | 69.4181 | 126,688 |
| 3. Resident Care | | | |
| A. Dietary | | | 19,261 |
| B. Other | | | 61,698 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 44.3611 | 44.3611 | 80,959 |
| 4. Prop Exp & Per Diem | 22.2433 | 22.2433 | 40,594 |
| 5. ROE/Use Per Diem | 5.1995 | 5.1995 | 9,489 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 821.25 | 730.00 | 1,551.25 |
| 3. Staffing Percent | 0.5294 | 0.4706 | 1.0000 |
| 4. Allocation of Direct Care | 297,752.82 | 264,669.18 | 562,422.00 |
| 5. Direct Care Expense Per Diem | 271.9204 | 362.5605 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,095 | 730 | 1,825 |
| 2. Additional Services | 6,654 | 4,436 | 11,090 |
| 3. Additional Services Exp & Per Diem | 6.0767 | 6.0767 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 69.4181 | 69.4181 | 126,688 |
| 2. Resident Care Component | 322.3582 | 412.9983 | 654,471 |
| 3. Property Cost Component | 22.2433 | 22.2433 | 40,594 |
| 4. ROE/Use Allow Component | 5.1995 | 5.1995 | 9,489 |
| 5. Total Cost Per Diem | 419.2191 | 509.8592 | 831,242 |

Resident Care Component Per-Diem Calculation

Facility Name: 119th Street Grp Home #11 (Sunrise)

| |
|---------------------------|
| Provider Number: 28062300 |
| FYE: 06/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 44.3611 | 44.3611 | A3D Allowable Resident Care Exp | 80,959 |
| B5 Allocation of D/C Expenses | 271.9204 | 362.5605 | B4 Allocation of D/C Expenses | 562,422 |
| C3 Additional Services per Diem | 6.0767 | 6.0767 | C2 Additional Services per Diem | 11,090 |
| Total Resident Care Component | 322.3582 | 412.9983 | Total Resident Care Component | 654,471 |

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Florida Agency For Health Care Administration

028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|--|---------------------------|----------------------|
| Provider Name: | 22nd Street Grp Home #6 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28065800 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,954 | 0 | 1,954 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 89,038 |
| B. Plant Operation | | | 47,881 |
| C. Laundry | | | 212 |
| D. Housekeeping | | | 3,150 |
| E. Operating Expense Component & Per Diem | 71.7917 | | 140,281 |
| 3. Resident Care | | | |
| A. Dietary | | | 21,286 |
| B. Other | | | 63,540 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 43.4115 | | 84,826 |
| 4. Prop Exp & Per Diem | 10.6464 | | 20,803 |
| 5. ROE/Use Per Diem | 4.9765 | | 9,724 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,465.50 | 0.00 | 1,465.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 552,219.00 | 0.00 | 552,219.00 |
| 5. Direct Care Expense Per Diem | 282.6095 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,954 | 0 | 1,954 |
| 2. Additional Services | 7,794 | 0 | 7,794 |
| 3. Additional Services Exp & Per Diem | 3.9887 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 71.7917 | 0.0000 | 140,281 |
| 2. Resident Care Component | 330.0097 | 0.0000 | 644,839 |
| 3. Property Cost Component | 10.6464 | 0.0000 | 20,803 |
| 4. ROE/Use Allow Component | 4.9765 | 0.0000 | 9,724 |
| 5. Total Cost Per Diem | 417.4243 | 0.0000 | 815,647 |

Resident Care Component Per-Diem Calculation

Facility Name: 22nd Street Grp Home #6 (Sunrise)

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|---------------------------|
| Provider Number: 28065800 |
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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 43.4115 | 0.0000 | A3D Allowable Resident Care Exp | 84,826 |
| B5 Allocation of D/C Expenses | 282.6095 | 0.0000 | B4 Allocation of D/C Expenses | 552,219 |
| C3 Additional Services per Diem | 3.9887 | 0.0000 | C2 Additional Services per Diem | 7,794 |
| Total Resident Care Component | 330.0097 | 0.0000 | Total Resident Care Component | 644,839 |

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Florida Agency For Health Care Administration

028427100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 3/1/2022 - 2/28/2023
 Days In Reporting Period: 365
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 6,870 | 15,604 | 22,474 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,251,839 |
| B. Plant Operation | | | 488,505 |
| C. Laundry | | | 9,155 |
| D. Housekeeping | | | 187,754 |
| E. Operating Expense Component & Per Diem | 86.1997 | 86.1997 | 1,937,253 |
| 3. Resident Care | | | |
| A. Dietary | | | 577,365 |
| B. Other | | | 0 |
| C. Nursing | | | 1,793,578 |
| D. Resident Care & Per Diem | 105.4972 | 105.4972 | 2,370,943 |
| 4. Prop Exp & Per Diem | 28.2867 | 28.2867 | 635,715 |
| 5. ROE/Use Per Diem | 0.3887 | 0.3887 | 8,736 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 3,435.00 | 15,604.00 | 19,039.00 |
| 3. Staffing Percent | 0.1804 | 0.8196 | 1.0000 |
| 4. Allocation of Direct Care | 587,073.24 | 2,666,867.76 | 3,253,941.00 |
| 5. Direct Care Expense Per Diem | 85.4546 | 170.9092 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 6,870 | 15,604 | 22,474 |
| 2. Additional Services | 60,091 | 136,486 | 196,577 |
| 3. Additional Services Exp & Per Diem | 8.7469 | 8.7469 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 86.1997 | 86.1997 | 1,937,253 |
| 2. Resident Care Component | 199.6987 | 285.1533 | 5,821,461 |
| 3. Property Cost Component | 28.2867 | 28.2867 | 635,715 |
| 4. ROE/Use Allow Component | 0.3887 | 0.3887 | 8,736 |
| 5. Total Cost Per Diem | 314.5738 | 400.0284 | 8,403,165 |

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

| |
|---------------------------|
| Provider Number: 28427100 |
|---------------------------|

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|-----------------|
| FYE: 02/28/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 105.4972 | 105.4972 | A3D Allowable Resident Care Exp | 2,370,943 |
| B5 Allocation of D/C Expenses | 85.4546 | 170.9092 | B4 Allocation of D/C Expenses | 3,253,941 |
| C3 Additional Services per Diem | 8.7469 | 8.7469 | C2 Additional Services per Diem | 196,577 |
| Total Resident Care Component | 199.6987 | 285.1533 | Total Resident Care Component | 5,821,461 |

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Florida Agency For Health Care Administration

028500500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Naranja Group Home (Sunrise)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28500500

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 7/1/2022 - 6/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 12

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 4,246 | 0 | 4,246 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 179,034 |
| B. Plant Operation | | | 98,572 |
| C. Laundry | | | 394 |
| D. Housekeeping | | | 4,817 |
| E. Operating Expense Component & Per Diem | 66.6079 | | 282,817 |
| 3. Resident Care | | | |
| A. Dietary | | | 36,401 |
| B. Other | | | 130,289 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 39.2581 | | 166,690 |
| 4. Prop Exp & Per Diem | 61.6616 | | 261,815 |
| 5. ROE/Use Per Diem | 38.0080 | | 161,382 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 2,123.00 | 0.00 | 2,123.00 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 1,105,786.00 | 0.00 | 1,105,786.00 |
| 5. Direct Care Expense Per Diem | 260.4301 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 4,246 | 0 | 4,246 |
| 2. Additional Services | 6,339 | 0 | 6,339 |
| 3. Additional Services Exp & Per Diem | 1.4929 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 66.6079 | 0.0000 | 282,817 |
| 2. Resident Care Component | 301.1811 | 0.0000 | 1,278,815 |
| 3. Property Cost Component | 61.6616 | 0.0000 | 261,815 |
| 4. ROE/Use Allow Component | 38.0080 | 0.0000 | 161,382 |
| 5. Total Cost Per Diem | 467.4586 | 0.0000 | 1,984,829 |

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

| |
|---------------------------|
| Provider Number: 28500500 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 39.2581 | 0.0000 | A3D Allowable Resident Care Exp | 166,690 |
| B5 Allocation of D/C Expenses | 260.4301 | 0.0000 | B4 Allocation of D/C Expenses | 1,105,786 |
| C3 Additional Services per Diem | 1.4929 | 0.0000 | C2 Additional Services per Diem | 6,339 |
| Total Resident Care Component | 301.1811 | 0.0000 | Total Resident Care Component | 1,278,815 |

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Florida Agency For Health Care Administration

028505600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|------------------------|---------------------------|-----------------------|
| Provider Name: | PARC Cottage | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28505600 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 10/1/2022 - 9/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 16 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 3,611 | 2,070 | 5,681 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 919,776 |
| B. Plant Operation | | | 73,050 |
| C. Laundry | | | 6,990 |
| D. Housekeeping | | | 21,942 |
| E. Operating Expense Component & Per Diem | 179.8553 | 179.8553 | 1,021,758 |
| 3. Resident Care | | | |
| A. Dietary | | | 172,412 |
| B. Other | | | 0 |
| C. Nursing | | | 398,002 |
| D. Resident Care & Per Diem | 100.4073 | 100.4073 | 570,414 |
| 4. Prop Exp & Per Diem | 20.9034 | 20.9034 | 118,752 |
| 5. ROE/Use Per Diem | 3.7800 | 3.7800 | 21,474 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,805.50 | 2,070.00 | 3,875.50 |
| 3. Staffing Percent | 0.4659 | 0.5341 | 1.0000 |
| 4. Allocation of Direct Care | 1,249,001.62 | 1,431,976.38 | 2,680,978.00 |
| 5. Direct Care Expense Per Diem | 345.8880 | 691.7760 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 3,611 | 2,070 | 5,681 |
| 2. Additional Services | 110,587 | 62,906 | 173,493 |
| 3. Additional Services Exp & Per Diem | 30.6250 | 30.3894 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 179.8553 | 179.8553 | 1,021,758 |
| 2. Resident Care Component | 476.9203 | 822.5727 | 3,424,885 |
| 3. Property Cost Component | 20.9034 | 20.9034 | 118,752 |
| 4. ROE/Use Allow Component | 3.7800 | 3.7800 | 21,474 |
| 5. Total Cost Per Diem | 681.4590 | 1027.1114 | 4,586,869 |

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

| |
|---------------------------|
| Provider Number: 28505600 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 100.4073 | 100.4073 | A3D Allowable Resident Care Exp | 570,414 |
| B5 Allocation of D/C Expenses | 345.8880 | 691.7760 | B4 Allocation of D/C Expenses | 2,680,978 |
| C3 Additional Services per Diem | 30.6250 | 30.3894 | C2 Additional Services per Diem | 173,493 |
| Total Resident Care Component | 476.9203 | 822.5727 | Total Resident Care Component | 3,424,885 |

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Florida Agency For Health Care Administration

028512900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **MACtown, Inc.**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28512900

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 10/1/2022 - 9/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 56

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 17,819 | 0 | 17,819 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,138,838 |
| B. Plant Operation | | | 905,670 |
| C. Laundry | | | 79,799 |
| D. Housekeeping | | | 242,657 |
| E. Operating Expense Component & Per Diem | 132.8337 | | 2,366,964 |
| 3. Resident Care | | | |
| A. Dietary | | | 661,132 |
| B. Other | | | 0 |
| C. Nursing | | | 989,998 |
| D. Resident Care & Per Diem | 92.6612 | | 1,651,130 |
| 4. Prop Exp & Per Diem | 8.9562 | | 159,590 |
| 5. ROE/Use Per Diem | 0.7886 | | 14,052 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 8,909.50 | 0.00 | 8,909.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 5,002,596.00 | 0.00 | 5,002,596.00 |
| 5. Direct Care Expense Per Diem | 280.7450 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 17,819 | 0 | 17,819 |
| 2. Additional Services | 23,890 | 0 | 23,890 |
| 3. Additional Services Exp & Per Diem | 1.3407 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 132.8337 | 0.0000 | 2,366,964 |
| 2. Resident Care Component | 374.7469 | 0.0000 | 6,677,616 |
| 3. Property Cost Component | 8.9562 | 0.0000 | 159,590 |
| 4. ROE/Use Allow Component | 0.7886 | 0.0000 | 14,052 |
| 5. Total Cost Per Diem | 517.3254 | 0.0000 | 9,218,222 |

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

| |
|---------------------------|
| Provider Number: 28512900 |
| FYE: 09/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 92.6612 | 0.0000 | A3D Allowable Resident Care Exp | 1,651,130 |
| B5 Allocation of D/C Expenses | 280.7450 | 0.0000 | B4 Allocation of D/C Expenses | 5,002,596 |
| C3 Additional Services per Diem | 1.3407 | 0.0000 | C2 Additional Services per Diem | 23,890 |
| Total Resident Care Component | 374.7469 | 0.0000 | Total Resident Care Component | 6,677,616 |

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Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **New Horizons of NW Florida, Inc.**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28513700

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 10/1/2022 - 9/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 30

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,555 | 8,213 | 10,768 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 2,057,894 |
| B. Plant Operation | | | 218,315 |
| C. Laundry | | | 111,800 |
| D. Housekeeping | | | 192,199 |
| E. Operating Expense Component & Per Diem | 239.6181 | 239.6181 | 2,580,208 |
| 3. Resident Care | | | |
| A. Dietary | | | 408,877 |
| B. Other | | | 75,804 |
| C. Nursing | | | 851,470 |
| D. Resident Care & Per Diem | 124.0853 | 124.0853 | 1,336,151 |
| 4. Prop Exp & Per Diem | 4.3674 | 4.3674 | 47,028 |
| 5. ROE/Use Per Diem | 2.0835 | 2.0835 | 22,435 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,277.50 | 8,213.00 | 9,490.50 |
| 3. Staffing Percent | 0.1346 | 0.8654 | 1.0000 |
| 4. Allocation of Direct Care | 176,840.16 | 1,136,898.84 | 1,313,739.00 |
| 5. Direct Care Expense Per Diem | 69.2134 | 138.4267 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,555 | 8,213 | 10,768 |
| 2. Additional Services | 51,881 | 155,711 | 207,592 |
| 3. Additional Services Exp & Per Diem | 20.3057 | 18.9591 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 239.6181 | 239.6181 | 2,580,208 |
| 2. Resident Care Component | 213.6044 | 281.4711 | 2,857,482 |
| 3. Property Cost Component | 4.3674 | 4.3674 | 47,028 |
| 4. ROE/Use Allow Component | 2.0835 | 2.0835 | 22,435 |
| 5. Total Cost Per Diem | 459.6734 | 527.5401 | 5,507,153 |

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

| |
|---------------------------|
| Provider Number: 28513700 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 124.0853 | 124.0853 | A3D Allowable Resident Care Exp | 1,336,151 |
| B5 Allocation of D/C Expenses | 69.2134 | 138.4267 | B4 Allocation of D/C Expenses | 1,313,739 |
| C3 Additional Services per Diem | 20.3057 | 18.9591 | C2 Additional Services per Diem | 207,592 |
| Total Resident Care Component | 213.6044 | 281.4711 | Total Resident Care Component | 2,857,482 |

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Florida Agency For Health Care Administration

028519600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **BARC Housing, Inc.**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28519600

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 10/1/2022 - 9/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 36

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 12,822 | 0 | 12,822 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,314,369 |
| B. Plant Operation | | | 461,993 |
| C. Laundry | | | 2,647 |
| D. Housekeeping | | | 38,836 |
| E. Operating Expense Component & Per Diem | 141.7755 | | 1,817,845 |
| 3. Resident Care | | | |
| A. Dietary | | | 525,799 |
| B. Other | | | 940,415 |
| C. Nursing | | | 406,901 |
| D. Resident Care & Per Diem | 146.0860 | | 1,873,115 |
| 4. Prop Exp & Per Diem | 21.6943 | | 278,164 |
| 5. ROE/Use Per Diem | 6.7420 | | 86,446 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 6,411.00 | 0.00 | 6,411.00 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 2,340,070.00 | 0.00 | 2,340,070.00 |
| 5. Direct Care Expense Per Diem | 182.5043 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 12,822 | 0 | 12,822 |
| 2. Additional Services | 136,852 | 0 | 136,852 |
| 3. Additional Services Exp & Per Diem | 10.6732 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 141.7755 | 0.0000 | 1,817,845 |
| 2. Resident Care Component | 339.2635 | 0.0000 | 4,350,037 |
| 3. Property Cost Component | 21.6943 | 0.0000 | 278,164 |
| 4. ROE/Use Allow Component | 6.7420 | 0.0000 | 86,446 |
| 5. Total Cost Per Diem | 509.4753 | 0.0000 | 6,532,492 |

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

| |
|---------------------------|
| Provider Number: 28519600 |
| FYE: 09/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 146.0860 | 0.0000 | A3D Allowable Resident Care Exp | 1,873,115 |
| B5 Allocation of D/C Expenses | 182.5043 | 0.0000 | B4 Allocation of D/C Expenses | 2,340,070 |
| C3 Additional Services per Diem | 10.6732 | 0.0000 | C2 Additional Services per Diem | 136,852 |
| Total Resident Care Component | 339.2635 | 0.0000 | Total Resident Care Component | 4,350,037 |

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Florida Agency For Health Care Administration

028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Ann Storck Center, Inc.**
 Provider Number: 28521800
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 48

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,095 | 15,728 | 16,823 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 508,361 |
| B. Plant Operation | | | 1,406,838 |
| C. Laundry | | | 61,028 |
| D. Housekeeping | | | 204,421 |
| E. Operating Expense Component & Per Diem | 129.6230 | 129.6230 | 2,180,648 |
| 3. Resident Care | | | |
| A. Dietary | | | 267,541 |
| B. Other | | | 0 |
| C. Nursing | | | 1,885,131 |
| D. Resident Care & Per Diem | 127.9601 | 127.9601 | 2,152,672 |
| 4. Prop Exp & Per Diem | 17.4881 | 17.4881 | 294,202 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 547.50 | 15,728.00 | 16,275.50 |
| 3. Staffing Percent | 0.0336 | 0.9664 | 1.0000 |
| 4. Allocation of Direct Care | 156,257.35 | 4,488,795.65 | 4,645,053.00 |
| 5. Direct Care Expense Per Diem | 142.7008 | 285.4016 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,095 | 15,728 | 16,823 |
| 2. Additional Services | 81,563 | 1,171,531 | 1,253,094 |
| 3. Additional Services Exp & Per Diem | 74.4868 | 74.4870 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 129.6230 | 129.6230 | 2,180,648 |
| 2. Resident Care Component | 345.1477 | 487.8487 | 8,050,819 |
| 3. Property Cost Component | 17.4881 | 17.4881 | 294,202 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 492.2588 | 634.9598 | 10,525,669 |

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

| |
|---------------------------|
| Provider Number: 28521800 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 127.9601 | 127.9601 | A3D Allowable Resident Care Exp | 2,152,672 |
| B5 Allocation of D/C Expenses | 142.7008 | 285.4016 | B4 Allocation of D/C Expenses | 4,645,053 |
| C3 Additional Services per Diem | 74.4868 | 74.4870 | C2 Additional Services per Diem | 1,253,094 |
| Total Resident Care Component | 345.1477 | 487.8487 | Total Resident Care Component | 8,050,819 |

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Florida Agency For Health Care Administration

028531500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,041 | 5,433 | 7,474 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 568,702 |
| B. Plant Operation | | | 389,657 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 141,484 |
| E. Operating Expense Component & Per Diem | 147.1559 | 147.1559 | 1,099,843 |
| 3. Resident Care | | | |
| A. Dietary | | | 202,921 |
| B. Other | | | 0 |
| C. Nursing | | | 624,713 |
| D. Resident Care & Per Diem | 110.7351 | 110.7351 | 827,634 |
| 4. Prop Exp & Per Diem | 21.3325 | 21.3325 | 159,439 |
| 5. ROE/Use Per Diem | 8.8855 | 8.8855 | 66,410 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,020.50 | 5,433.00 | 6,453.50 |
| 3. Staffing Percent | 0.1581 | 0.8419 | 1.0000 |
| 4. Allocation of Direct Care | 287,578.44 | 1,531,027.56 | 1,818,606.00 |
| 5. Direct Care Expense Per Diem | 140.9008 | 281.8015 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,041 | 5,433 | 7,474 |
| 2. Additional Services | 14,928 | 39,736 | 54,664 |
| 3. Additional Services Exp & Per Diem | 7.3141 | 7.3138 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 147.1559 | 147.1559 | 1,099,843 |
| 2. Resident Care Component | 258.9500 | 399.8504 | 2,700,904 |
| 3. Property Cost Component | 21.3325 | 21.3325 | 159,439 |
| 4. ROE/Use Allow Component | 8.8855 | 8.8855 | 66,410 |
| 5. Total Cost Per Diem | 436.3239 | 577.2243 | 4,026,596 |

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

| |
|---------------------------|
| Provider Number: 28531500 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 110.7351 | 110.7351 | A3D Allowable Resident Care Exp | 827,634 |
| B5 Allocation of D/C Expenses | 140.9008 | 281.8015 | B4 Allocation of D/C Expenses | 1,818,606 |
| C3 Additional Services per Diem | 7.3141 | 7.3138 | C2 Additional Services per Diem | 54,664 |
| Total Resident Care Component | 258.9500 | 399.8504 | Total Resident Care Component | 2,700,904 |

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Florida Agency For Health Care Administration

028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Cape Coral Cluster (Sunrise)**
 Provider Number: 28533100
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 730 | 7,374 | 8,104 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 644,242 |
| B. Plant Operation | | | 345,269 |
| C. Laundry | | | 1,088 |
| D. Housekeeping | | | 111,402 |
| E. Operating Expense Component & Per Diem | 135.9824 | 135.9824 | 1,102,001 |
| 3. Resident Care | | | |
| A. Dietary | | | 251,605 |
| B. Other | | | 170,105 |
| C. Nursing | | | 1,006,458 |
| D. Resident Care & Per Diem | 176.2300 | 176.2300 | 1,428,168 |
| 4. Prop Exp & Per Diem | 20.7468 | 20.7468 | 168,132 |
| 5. ROE/Use Per Diem | 8.5231 | 8.5231 | 69,071 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 365.00 | 7,374.00 | 7,739.00 |
| 3. Staffing Percent | 0.0472 | 0.9528 | 1.0000 |
| 4. Allocation of Direct Care | 127,048.12 | 2,566,719.88 | 2,693,768.00 |
| 5. Direct Care Expense Per Diem | 174.0385 | 348.0770 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 730 | 7,374 | 8,104 |
| 2. Additional Services | 19,571 | 197,697 | 217,268 |
| 3. Additional Services Exp & Per Diem | 26.8096 | 26.8100 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 135.9824 | 135.9824 | 1,102,001 |
| 2. Resident Care Component | 377.0781 | 551.1170 | 4,339,204 |
| 3. Property Cost Component | 20.7468 | 20.7468 | 168,132 |
| 4. ROE/Use Allow Component | 8.5231 | 8.5231 | 69,071 |
| 5. Total Cost Per Diem | 542.3304 | 716.3693 | 5,678,408 |

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

| |
|---------------------------|
| Provider Number: 28533100 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 176.2300 | 176.2300 | A3D Allowable Resident Care Exp | 1,428,168 |
| B5 Allocation of D/C Expenses | 174.0385 | 348.0770 | B4 Allocation of D/C Expenses | 2,693,768 |
| C3 Additional Services per Diem | 26.8096 | 26.8100 | C2 Additional Services per Diem | 217,268 |
| Total Resident Care Component | 377.0781 | 551.1170 | Total Resident Care Component | 4,339,204 |

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Florida Agency For Health Care Administration

028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 2,190 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 139,741 |
| B. Plant Operation | | | 48,051 |
| C. Laundry | | | 834 |
| D. Housekeeping | | | 3,034 |
| E. Operating Expense Component & Per Diem | 87.5160 | 87.5160 | 191,660 |
| 3. Resident Care | | | |
| A. Dietary | | | 24,501 |
| B. Other | | | 0 |
| C. Nursing | | | 69,033 |
| D. Resident Care & Per Diem | 42.7096 | 42.7096 | 93,534 |
| 4. Prop Exp & Per Diem | 40.7753 | 40.7753 | 89,298 |
| 5. ROE/Use Per Diem | 5.4790 | 5.4790 | 11,999 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 0.00 | 2,190.00 | 2,190.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 509,576.00 | 509,576.00 |
| 5. Direct Care Expense Per Diem | 116.3416 | 232.6831 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 2,190 | 2,190 |
| 2. Additional Services | 0 | 134,746 | 134,746 |
| 3. Additional Services Exp & Per Diem | 61.5279 | 61.5279 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 87.5160 | 87.5160 | 191,660 |
| 2. Resident Care Component | 220.5791 | 336.9206 | 737,856 |
| 3. Property Cost Component | 40.7753 | 40.7753 | 89,298 |
| 4. ROE/Use Allow Component | 5.4790 | 5.4790 | 11,999 |
| 5. Total Cost Per Diem | 354.3494 | 470.6909 | 1,030,813 |

Resident Care Component Per-Diem Calculation

Facility Name: Squire Court Community Home (Res-Care)

| |
|---------------------------|
| Provider Number: 28536600 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 42.7096 | 42.7096 | A3D Allowable Resident Care Exp | 93,534 |
| B5 Allocation of D/C Expenses | 116.3416 | 232.6831 | B4 Allocation of D/C Expenses | 509,576 |
| C3 Additional Services per Diem | 61.5279 | 61.5279 | C2 Additional Services per Diem | 134,746 |
| Total Resident Care Component | 220.5791 | 336.9206 | Total Resident Care Component | 737,856 |

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Florida Agency For Health Care Administration

028537400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|--|---------------------------|----------------------|
| Provider Name: | Bayview Community Home (Res-Care) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28537400 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,190 | 0 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 139,098 |
| B. Plant Operation | | | 45,794 |
| C. Laundry | | | 321 |
| D. Housekeeping | | | 2,821 |
| E. Operating Expense Component & Per Diem | 85.8603 | | 188,034 |
| 3. Resident Care | | | |
| A. Dietary | | | 24,634 |
| B. Other | | | 0 |
| C. Nursing | | | 65,344 |
| D. Resident Care & Per Diem | 41.0858 | | 89,978 |
| 4. Prop Exp & Per Diem | 34.7539 | | 76,111 |
| 5. ROE/Use Per Diem | 5.0890 | | 11,145 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,642.50 | 0.00 | 1,642.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 477,460.00 | 0.00 | 477,460.00 |
| 5. Direct Care Expense Per Diem | 218.0183 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,190 | 0 | 2,190 |
| 2. Additional Services | 132,022 | 0 | 132,022 |
| 3. Additional Services Exp & Per Diem | 60.2840 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 85.8603 | 0.0000 | 188,034 |
| 2. Resident Care Component | 319.3881 | 0.0000 | 699,460 |
| 3. Property Cost Component | 34.7539 | 0.0000 | 76,111 |
| 4. ROE/Use Allow Component | 5.0890 | 0.0000 | 11,145 |
| 5. Total Cost Per Diem | 445.0913 | 0.0000 | 974,750 |

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

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|---------------------------|
| Provider Number: 28537400 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 41.0858 | 0.0000 | A3D Allowable Resident Care Exp | 89,978 |
| B5 Allocation of D/C Expenses | 218.0183 | 0.0000 | B4 Allocation of D/C Expenses | 477,460 |
| C3 Additional Services per Diem | 60.2840 | 0.0000 | C2 Additional Services per Diem | 132,022 |
| Total Resident Care Component | 319.3881 | 0.0000 | Total Resident Care Component | 699,460 |

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Florida Agency For Health Care Administration

028539100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | |
|---------------------------------|---|
| Provider Name: Hendricks | Cost Report Entered By : Hatcher, Toriano |
| Provider Number: 28539100 | Rate Semester : July, 2024 |
| Audit Status: Unaudited Costs | Cost Report : 6/1/2022 - 5/31/2023 |
| Date: 8/1/2024 | Days In Reporting Period: 365 |
| | Number of Beds: 24 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,866 | 5,726 | 8,592 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,111,423 |
| B. Plant Operation | | | 295,465 |
| C. Laundry | | | 9,217 |
| D. Housekeeping | | | 164,582 |
| E. Operating Expense Component & Per Diem | 183.9720 | 183.9720 | 1,580,687 |
| 3. Resident Care | | | |
| A. Dietary | | | 472,967 |
| B. Other | | | 0 |
| C. Nursing | | | 531,230 |
| D. Resident Care & Per Diem | 116.8758 | 116.8758 | 1,004,197 |
| 4. Prop Exp & Per Diem | 62.5982 | 62.5982 | 537,844 |
| 5. ROE/Use Per Diem | 6.6011 | 6.6011 | 56,717 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,433.00 | 5,726.00 | 7,159.00 |
| 3. Staffing Percent | 0.2002 | 0.7998 | 1.0000 |
| 4. Allocation of Direct Care | 297,562.78 | 1,189,005.22 | 1,486,568.00 |
| 5. Direct Care Expense Per Diem | 103.8251 | 207.6502 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,866 | 5,726 | 8,592 |
| 2. Additional Services | 102,047 | 203,880 | 305,927 |
| 3. Additional Services Exp & Per Diem | 35.6061 | 35.6060 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 183.9720 | 183.9720 | 1,580,687 |
| 2. Resident Care Component | 256.3070 | 360.1320 | 2,796,692 |
| 3. Property Cost Component | 62.5982 | 62.5982 | 537,844 |
| 4. ROE/Use Allow Component | 6.6011 | 6.6011 | 56,717 |
| 5. Total Cost Per Diem | 509.4783 | 613.3033 | 4,971,940 |

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

| |
|---------------------------|
| Provider Number: 28539100 |
| FYE: 05/31/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 116.8758 | 116.8758 | A3D Allowable Resident Care Exp | 1,004,197 |
| B5 Allocation of D/C Expenses | 103.8251 | 207.6502 | B4 Allocation of D/C Expenses | 1,486,568 |
| C3 Additional Services per Diem | 35.6061 | 35.6060 | C2 Additional Services per Diem | 305,927 |
| Total Resident Care Component | 256.3070 | 360.1320 | Total Resident Care Component | 2,796,692 |

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Florida Agency For Health Care Administration

028541200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Hatcher, Toriano
 Provider Number: 28541200 Rate Semester : July, 2024
 Audit Status: Rebase Unaudited Costs Cost Report : 7/1/2022 - 6/30/2023
 Date: 8/1/2024 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,460 | 730 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 137,294 |
| B. Plant Operation | | | 52,203 |
| C. Laundry | | | 847 |
| D. Housekeeping | | | 3,482 |
| E. Operating Expense Component & Per Diem | 88.5050 | 88.5050 | 193,826 |
| 3. Resident Care | | | |
| A. Dietary | | | 25,353 |
| B. Other | | | 0 |
| C. Nursing | | | 67,595 |
| D. Resident Care & Per Diem | 42.4420 | 42.4420 | 92,948 |
| 4. Prop Exp & Per Diem | 19.8151 | 19.8151 | 43,395 |
| 5. ROE/Use Per Diem | 7.7237 | 7.7237 | 16,915 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,095.00 | 730.00 | 1,825.00 |
| 3. Staffing Percent | 0.6000 | 0.4000 | 1.0000 |
| 4. Allocation of Direct Care | 297,370.80 | 198,247.20 | 495,618.00 |
| 5. Direct Care Expense Per Diem | 203.6786 | 271.5715 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,460 | 730 | 2,190 |
| 2. Additional Services | 91,475 | 45,730 | 137,205 |
| 3. Additional Services Exp & Per Diem | 62.6541 | 62.6438 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 88.5050 | 88.5050 | 193,826 |
| 2. Resident Care Component | 308.7747 | 376.6573 | 725,771 |
| 3. Property Cost Component | 19.8151 | 19.8151 | 43,395 |
| 4. ROE/Use Allow Component | 7.7237 | 7.7237 | 16,915 |
| 5. Total Cost Per Diem | 424.8185 | 492.7011 | 979,907 |

Resident Care Component Per-Diem Calculation

Facility Name: Twin Lane Community Home (Res-Care)

| |
|---------------------------|
| Provider Number: 28541200 |
|---------------------------|

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|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 42.4420 | 42.4420 | A3D Allowable Resident Care Exp | 92,948 |
| B5 Allocation of D/C Expenses | 203.6786 | 271.5715 | B4 Allocation of D/C Expenses | 495,618 |
| C3 Additional Services per Diem | 62.6541 | 62.6438 | C2 Additional Services per Diem | 137,205 |
| Total Resident Care Component | 308.7747 | 376.6573 | Total Resident Care Component | 725,771 |

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Florida Agency For Health Care Administration

028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|--|---------------------------|----------------------|
| Provider Name: | 62nd Place Grp Home #17 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28547100 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,190 | 0 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 88,585 |
| B. Plant Operation | | | 37,581 |
| C. Laundry | | | 273 |
| D. Housekeeping | | | 6,092 |
| E. Operating Expense Component & Per Diem | 60.5164 | | 132,531 |
| 3. Resident Care | | | |
| A. Dietary | | | 28,241 |
| B. Other | | | 54,655 |
| C. Nursing | | | 7,748 |
| D. Resident Care & Per Diem | 41.3900 | | 90,644 |
| 4. Prop Exp & Per Diem | 16.1005 | | 35,260 |
| 5. ROE/Use Per Diem | 4.9046 | | 10,741 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,642.50 | 0.00 | 1,642.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 569,462.00 | 0.00 | 569,462.00 |
| 5. Direct Care Expense Per Diem | 260.0283 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,190 | 0 | 2,190 |
| 2. Additional Services | 685 | 0 | 685 |
| 3. Additional Services Exp & Per Diem | 0.3128 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 60.5164 | 0.0000 | 132,531 |
| 2. Resident Care Component | 301.7311 | 0.0000 | 660,791 |
| 3. Property Cost Component | 16.1005 | 0.0000 | 35,260 |
| 4. ROE/Use Allow Component | 4.9046 | 0.0000 | 10,741 |
| 5. Total Cost Per Diem | 383.2526 | 0.0000 | 839,323 |

Resident Care Component Per-Diem Calculation

Facility Name: 62nd Place Grp Home #17 (Sunrise)

| |
|---------------------------|
| Provider Number: 28547100 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 41.3900 | 0.0000 | A3D Allowable Resident Care Exp | 90,644 |
| B5 Allocation of D/C Expenses | 260.0283 | 0.0000 | B4 Allocation of D/C Expenses | 569,462 |
| C3 Additional Services per Diem | 0.3128 | 0.0000 | C2 Additional Services per Diem | 685 |
| Total Resident Care Component | 301.7311 | 0.0000 | Total Resident Care Component | 660,791 |

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Florida Agency For Health Care Administration

028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|---|---------------------------|----------------------|
| Provider Name: | 138th Court Grp Home #16 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28548000 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,460 | 365 | 1,825 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 94,394 |
| B. Plant Operation | | | 43,305 |
| C. Laundry | | | 130 |
| D. Housekeeping | | | 4,077 |
| E. Operating Expense Component & Per Diem | 77.7567 | 77.7567 | 141,906 |
| 3. Resident Care | | | |
| A. Dietary | | | 20,964 |
| B. Other | | | 45,919 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 36.6482 | 36.6482 | 66,883 |
| 4. Prop Exp & Per Diem | 18.4477 | 18.4477 | 33,667 |
| 5. ROE/Use Per Diem | 6.0471 | 6.0471 | 11,036 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 1,095.00 | 365.00 | 1,460.00 |
| 3. Staffing Percent | 0.7500 | 0.2500 | 1.0000 |
| 4. Allocation of Direct Care | 419,226.00 | 139,742.00 | 558,968.00 |
| 5. Direct Care Expense Per Diem | 287.1411 | 382.8548 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,460 | 365 | 1,825 |
| 2. Additional Services | 3,958 | 989 | 4,947 |
| 3. Additional Services Exp & Per Diem | 2.7110 | 2.7096 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 77.7567 | 77.7567 | 141,906 |
| 2. Resident Care Component | 326.5003 | 422.2126 | 630,798 |
| 3. Property Cost Component | 18.4477 | 18.4477 | 33,667 |
| 4. ROE/Use Allow Component | 6.0471 | 6.0471 | 11,036 |
| 5. Total Cost Per Diem | 428.7518 | 524.4641 | 817,407 |

Resident Care Component Per-Diem Calculation

Facility Name: 138th Court Grp Home #16 (Sunrise)

| |
|---------------------------|
| Provider Number: 28548000 |
| FYE: 06/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 36.6482 | 36.6482 | A3D Allowable Resident Care Exp | 66,883 |
| B5 Allocation of D/C Expenses | 287.1411 | 382.8548 | B4 Allocation of D/C Expenses | 558,968 |
| C3 Additional Services per Diem | 2.7110 | 2.7096 | C2 Additional Services per Diem | 4,947 |
| Total Resident Care Component | 326.5003 | 422.2126 | Total Resident Care Component | 630,798 |

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Florida Agency For Health Care Administration

028552800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|--|---------------------------|----------------------|
| Provider Name: | 26th Terrace Grp Home #12 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28552800 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 903 | 1,077 | 1,980 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 87,277 |
| B. Plant Operation | | | 21,413 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 0 |
| E. Operating Expense Component & Per Diem | 54.8939 | 54.8939 | 108,690 |
| 3. Resident Care | | | |
| A. Dietary | | | 12,087 |
| B. Other | | | 41,138 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 26.8813 | 26.8813 | 53,225 |
| 4. Prop Exp & Per Diem | 7.3328 | 7.3328 | 14,519 |
| 5. ROE/Use Per Diem | 4.9131 | 4.9131 | 9,728 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 677.25 | 1,077.00 | 1,754.25 |
| 3. Staffing Percent | 0.3861 | 0.6139 | 1.0000 |
| 4. Allocation of Direct Care | 197,140.07 | 313,502.93 | 510,643.00 |
| 5. Direct Care Expense Per Diem | 218.3168 | 291.0891 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 903 | 1,077 | 1,980 |
| 2. Additional Services | 6,711 | 8,005 | 14,716 |
| 3. Additional Services Exp & Per Diem | 7.4319 | 7.4327 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 54.8939 | 54.8939 | 108,690 |
| 2. Resident Care Component | 252.6300 | 325.4031 | 578,584 |
| 3. Property Cost Component | 7.3328 | 7.3328 | 14,519 |
| 4. ROE/Use Allow Component | 4.9131 | 4.9131 | 9,728 |
| 5. Total Cost Per Diem | 319.7698 | 392.5429 | 711,521 |

Resident Care Component Per-Diem Calculation

Facility Name: 26th Terrace Grp Home #12 (Sunrise)

| |
|---------------------------|
| Provider Number: 28552800 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 26.8813 | 26.8813 | A3D Allowable Resident Care Exp | 53,225 |
| B5 Allocation of D/C Expenses | 218.3168 | 291.0891 | B4 Allocation of D/C Expenses | 510,643 |
| C3 Additional Services per Diem | 7.4319 | 7.4327 | C2 Additional Services per Diem | 14,716 |
| Total Resident Care Component | 252.6300 | 325.4031 | Total Resident Care Component | 578,584 |

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Florida Agency For Health Care Administration

028553600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**
 Provider Number: 28553600
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,547 | 367 | 1,914 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 62,655 |
| B. Plant Operation | | | 36,766 |
| C. Laundry | | | 56 |
| D. Housekeeping | | | 1,543 |
| E. Operating Expense Component & Per Diem | 52.7795 | 52.7795 | 101,020 |
| 3. Resident Care | | | |
| A. Dietary | | | 15,077 |
| B. Other | | | 55,073 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 36.6510 | 36.6510 | 70,150 |
| 4. Prop Exp & Per Diem | 12.0940 | 12.0940 | 23,148 |
| 5. ROE/Use Per Diem | 5.3370 | 5.3370 | 10,215 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,160.25 | 367.00 | 1,527.25 |
| 3. Staffing Percent | 0.7597 | 0.2403 | 1.0000 |
| 4. Allocation of Direct Care | 419,582.41 | 132,718.59 | 552,301.00 |
| 5. Direct Care Expense Per Diem | 271.2233 | 361.6310 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,547 | 367 | 1,914 |
| 2. Additional Services | 12,234 | 2,902 | 15,136 |
| 3. Additional Services Exp & Per Diem | 7.9082 | 7.9074 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 52.7795 | 52.7795 | 101,020 |
| 2. Resident Care Component | 315.7825 | 406.1894 | 637,587 |
| 3. Property Cost Component | 12.0940 | 12.0940 | 23,148 |
| 4. ROE/Use Allow Component | 5.3370 | 5.3370 | 10,215 |
| 5. Total Cost Per Diem | 385.9930 | 476.3999 | 771,970 |

Resident Care Component Per-Diem Calculation

Facility Name: Country Meadows Grp Home #13 (Sunrise)

| |
|---------------------------|
| Provider Number: 28553600 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 36.6510 | 36.6510 | A3D Allowable Resident Care Exp | 70,150 |
| B5 Allocation of D/C Expenses | 271.2233 | 361.6310 | B4 Allocation of D/C Expenses | 552,301 |
| C3 Additional Services per Diem | 7.9082 | 7.9074 | C2 Additional Services per Diem | 15,136 |
| Total Resident Care Component | 315.7825 | 406.1894 | Total Resident Care Component | 637,587 |

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028557900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

| | | | |
|------------------|---|---------------------------|----------------------|
| Provider Name: | 148th Court Grp Home #20 (Sunrise) | Cost Report Entered By : | Hatcher, Toriano |
| Provider Number: | 28557900 | Rate Semester : | July, 2024 |
| Audit Status: | Rebase Unaudited Costs | Cost Report : | 7/1/2022 - 6/30/2023 |
| Date: | 8/1/2024 | Days In Reporting Period: | 365 |
| | | Number of Beds: | 6 |

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,826 | 30 | 1,856 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 85,926 |
| B. Plant Operation | | | 46,173 |
| C. Laundry | | | 210 |
| D. Housekeeping | | | 1,625 |
| E. Operating Expense Component & Per Diem | 72.1627 | 72.1627 | 133,934 |
| 3. Resident Care | | | |
| A. Dietary | | | 15,410 |
| B. Other | | | 54,126 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 37.4655 | 37.4655 | 69,536 |
| 4. Prop Exp & Per Diem | 12.7683 | 12.7683 | 23,698 |
| 5. ROE/Use Per Diem | 4.9935 | 4.9935 | 9,268 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,369.50 | 30.00 | 1,399.50 |
| 3. Staffing Percent | 0.9786 | 0.0214 | 1.0000 |
| 4. Allocation of Direct Care | 531,183.01 | 11,635.99 | 542,819.00 |
| 5. Direct Care Expense Per Diem | 290.8998 | 387.8664 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,826 | 30 | 1,856 |
| 2. Additional Services | 2,073 | 34 | 2,107 |
| 3. Additional Services Exp & Per Diem | 1.1353 | 1.1333 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 72.1627 | 72.1627 | 133,934 |
| 2. Resident Care Component | 329.5006 | 426.4652 | 614,462 |
| 3. Property Cost Component | 12.7683 | 12.7683 | 23,698 |
| 4. ROE/Use Allow Component | 4.9935 | 4.9935 | 9,268 |
| 5. Total Cost Per Diem | 419.4251 | 516.3897 | 781,362 |

Resident Care Component Per-Diem Calculation

Facility Name: 148th Court Grp Home #20 (Sunrise)

| |
|---------------------------|
| Provider Number: 28557900 |
| FYE: 06/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 37.4655 | 37.4655 | A3D Allowable Resident Care Exp | 69,536 |
| B5 Allocation of D/C Expenses | 290.8998 | 387.8664 | B4 Allocation of D/C Expenses | 542,819 |
| C3 Additional Services per Diem | 1.1353 | 1.1333 | C2 Additional Services per Diem | 2,107 |
| Total Resident Care Component | 329.5006 | 426.4652 | Total Resident Care Component | 614,462 |

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Florida Agency For Health Care Administration

028558700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,912 | 0 | 1,912 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 93,000 |
| B. Plant Operation | | | 44,890 |
| C. Laundry | | | 751 |
| D. Housekeeping | | | 7,297 |
| E. Operating Expense Component & Per Diem | 76.3274 | | 145,938 |
| 3. Resident Care | | | |
| A. Dietary | | | 25,546 |
| B. Other | | | 48,305 |
| C. Nursing | | | 7,638 |
| D. Resident Care & Per Diem | 42.6198 | | 81,489 |
| 4. Prop Exp & Per Diem | 18.6935 | | 35,742 |
| 5. ROE/Use Per Diem | 6.0481 | | 11,564 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,434.00 | 0.00 | 1,434.00 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 581,946.00 | 0.00 | 581,946.00 |
| 5. Direct Care Expense Per Diem | 304.3651 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,912 | 0 | 1,912 |
| 2. Additional Services | 2,320 | 0 | 2,320 |
| 3. Additional Services Exp & Per Diem | 1.2134 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 76.3274 | 0.0000 | 145,938 |
| 2. Resident Care Component | 348.1983 | 0.0000 | 665,755 |
| 3. Property Cost Component | 18.6935 | 0.0000 | 35,742 |
| 4. ROE/Use Allow Component | 6.0481 | 0.0000 | 11,564 |
| 5. Total Cost Per Diem | 449.2673 | 0.0000 | 858,999 |

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

| |
|---------------------------|
| Provider Number: 28558700 |
| FYE: 06/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 42.6198 | 0.0000 | A3D Allowable Resident Care Exp | 81,489 |
| B5 Allocation of D/C Expenses | 304.3651 | 0.0000 | B4 Allocation of D/C Expenses | 581,946 |
| C3 Additional Services per Diem | 1.2134 | 0.0000 | C2 Additional Services per Diem | 2,320 |
| Total Resident Care Component | 348.1983 | 0.0000 | Total Resident Care Component | 665,755 |

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Florida Agency For Health Care Administration

028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **53rd Court Grp Home #9 (Sunrise)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28559500

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 7/1/2022 - 6/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,068 | 0 | 2,068 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 96,016 |
| B. Plant Operation | | | 48,794 |
| C. Laundry | | | 775 |
| D. Housekeeping | | | 4,795 |
| E. Operating Expense Component & Per Diem | 72.7176 | | 150,380 |
| 3. Resident Care | | | |
| A. Dietary | | | 22,536 |
| B. Other | | | 72,939 |
| C. Nursing | | | 7,632 |
| D. Resident Care & Per Diem | 49.8583 | | 103,107 |
| 4. Prop Exp & Per Diem | 13.1223 | | 27,137 |
| 5. ROE/Use Per Diem | 6.2732 | | 12,973 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,551.00 | 0.00 | 1,551.00 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 559,898.00 | 0.00 | 559,898.00 |
| 5. Direct Care Expense Per Diem | 270.7437 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,068 | 0 | 2,068 |
| 2. Additional Services | 686 | 0 | 686 |
| 3. Additional Services Exp & Per Diem | 0.3317 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 72.7176 | 0.0000 | 150,380 |
| 2. Resident Care Component | 320.9337 | 0.0000 | 663,691 |
| 3. Property Cost Component | 13.1223 | 0.0000 | 27,137 |
| 4. ROE/Use Allow Component | 6.2732 | 0.0000 | 12,973 |
| 5. Total Cost Per Diem | 413.0468 | 0.0000 | 854,181 |

Resident Care Component Per-Diem Calculation

Facility Name: 53rd Court Grp Home #9 (Sunrise)

| |
|---------------------------|
| Provider Number: 28559500 |
| FYE: 06/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 49.8583 | 0.0000 | A3D Allowable Resident Care Exp | 103,107 |
| B5 Allocation of D/C Expenses | 270.7437 | 0.0000 | B4 Allocation of D/C Expenses | 559,898 |
| C3 Additional Services per Diem | 0.3317 | 0.0000 | C2 Additional Services per Diem | 686 |
| Total Resident Care Component | 320.9337 | 0.0000 | Total Resident Care Component | 663,691 |

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Florida Agency For Health Care Administration

028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **55th Court Grp Home #15 (Sunrise)**
 Provider Number: 28560900
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,190 | 0 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 89,651 |
| B. Plant Operation | | | 56,080 |
| C. Laundry | | | 377 |
| D. Housekeeping | | | 348 |
| E. Operating Expense Component & Per Diem | 66.8749 | | 146,456 |
| 3. Resident Care | | | |
| A. Dietary | | | 24,891 |
| B. Other | | | 76,301 |
| C. Nursing | | | 7,653 |
| D. Resident Care & Per Diem | 49.7009 | | 108,845 |
| 4. Prop Exp & Per Diem | 7.5247 | | 16,479 |
| 5. ROE/Use Per Diem | 5.4589 | | 11,955 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,642.50 | 0.00 | 1,642.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 549,226.00 | 0.00 | 549,226.00 |
| 5. Direct Care Expense Per Diem | 250.7881 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,190 | 0 | 2,190 |
| 2. Additional Services | 800 | 0 | 800 |
| 3. Additional Services Exp & Per Diem | 0.3653 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 66.8749 | 0.0000 | 146,456 |
| 2. Resident Care Component | 300.8543 | 0.0000 | 658,871 |
| 3. Property Cost Component | 7.5247 | 0.0000 | 16,479 |
| 4. ROE/Use Allow Component | 5.4589 | 0.0000 | 11,955 |
| 5. Total Cost Per Diem | 380.7128 | 0.0000 | 833,761 |

Resident Care Component Per-Diem Calculation

Facility Name: 55th Court Grp Home #15 (Sunrise)

| |
|---------------------------|
| Provider Number: 28560900 |
| FYE: 06/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 49.7009 | 0.0000 | A3D Allowable Resident Care Exp | 108,845 |
| B5 Allocation of D/C Expenses | 250.7881 | 0.0000 | B4 Allocation of D/C Expenses | 549,226 |
| C3 Additional Services per Diem | 0.3653 | 0.0000 | C2 Additional Services per Diem | 800 |
| Total Resident Care Component | 300.8543 | 0.0000 | Total Resident Care Component | 658,871 |

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028561700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,190 | 0 | 2,190 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 97,206 |
| B. Plant Operation | | | 38,256 |
| C. Laundry | | | 202 |
| D. Housekeeping | | | 6,897 |
| E. Operating Expense Component & Per Diem | 65.0963 | | 142,561 |
| 3. Resident Care | | | |
| A. Dietary | | | 23,405 |
| B. Other | | | 73,404 |
| C. Nursing | | | 7,617 |
| D. Resident Care & Per Diem | 47.6831 | | 104,426 |
| 4. Prop Exp & Per Diem | 13.7132 | | 30,032 |
| 5. ROE/Use Per Diem | 5.6297 | | 12,329 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,642.50 | 0.00 | 1,642.50 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 629,372.00 | 0.00 | 629,372.00 |
| 5. Direct Care Expense Per Diem | 287.3845 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,190 | 0 | 2,190 |
| 2. Additional Services | 933 | 0 | 933 |
| 3. Additional Services Exp & Per Diem | 0.4260 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 65.0963 | 0.0000 | 142,561 |
| 2. Resident Care Component | 335.4936 | 0.0000 | 734,731 |
| 3. Property Cost Component | 13.7132 | 0.0000 | 30,032 |
| 4. ROE/Use Allow Component | 5.6297 | 0.0000 | 12,329 |
| 5. Total Cost Per Diem | 419.9328 | 0.0000 | 919,653 |

Resident Care Component Per-Diem Calculation

Facility Name: Wentworth Drive Grp Home #18 (Sunrise)

| |
|---------------------------|
| Provider Number: 28561700 |
| FYE: 06/30/2023 |

| | No N/M Days | | | TOTALS |
|--------------------------------------|-----------------|---------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 47.6831 | 0.0000 | A3D Allowable Resident Care Exp | 104,426 |
| B5 Allocation of D/C Expenses | 287.3845 | 0.0000 | B4 Allocation of D/C Expenses | 629,372 |
| C3 Additional Services per Diem | 0.4260 | 0.0000 | C2 Additional Services per Diem | 933 |
| Total Resident Care Component | 335.4936 | 0.0000 | Total Resident Care Component | 734,731 |

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028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 12/1/2021 - 11/30/2022
 Days In Reporting Period: 365
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 9,694 | 12,286 | 21,980 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,737,627 |
| B. Plant Operation | | | 551,573 |
| C. Laundry | | | 122,515 |
| D. Housekeeping | | | 25,263 |
| E. Operating Expense Component & Per Diem | 110.8725 | 110.8725 | 2,436,978 |
| 3. Resident Care | | | |
| A. Dietary | | | 847,029 |
| B. Other | | | 60,659 |
| C. Nursing | | | 1,427,521 |
| D. Resident Care & Per Diem | 106.2424 | 106.2424 | 2,335,209 |
| 4. Prop Exp & Per Diem | 22.3361 | 22.3361 | 490,947 |
| 5. ROE/Use Per Diem | 0.0995 | 0.0995 | 2,187 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 4,847.00 | 12,286.00 | 17,133.00 |
| 3. Staffing Percent | 0.2829 | 0.7171 | 1.0000 |
| 4. Allocation of Direct Care | 912,435.53 | 2,312,808.47 | 3,225,244.00 |
| 5. Direct Care Expense Per Diem | 94.1237 | 188.2475 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 9,694 | 12,286 | 21,980 |
| 2. Additional Services | 703,854 | 892,052 | 1,595,906 |
| 3. Additional Services Exp & Per Diem | 72.6072 | 72.6072 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 110.8725 | 110.8725 | 2,436,978 |
| 2. Resident Care Component | 272.9733 | 367.0971 | 7,156,359 |
| 3. Property Cost Component | 22.3361 | 22.3361 | 490,947 |
| 4. ROE/Use Allow Component | 0.0995 | 0.0995 | 2,187 |
| 5. Total Cost Per Diem | 406.2814 | 500.4052 | 10,086,471 |

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

| |
|---------------------------|
| Provider Number: 28565000 |
| FYE: 11/30/2022 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 106.2424 | 106.2424 | A3D Allowable Resident Care Exp | 2,335,209 |
| B5 Allocation of D/C Expenses | 94.1237 | 188.2475 | B4 Allocation of D/C Expenses | 3,225,244 |
| C3 Additional Services per Diem | 72.6072 | 72.6072 | C2 Additional Services per Diem | 1,595,906 |
| Total Resident Care Component | 272.9733 | 367.0971 | Total Resident Care Component | 7,156,359 |

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Florida Agency For Health Care Administration

028566800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 12/1/2021 - 11/30/2022
 Days In Reporting Period: 365
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 3,221 | 17,289 | 20,510 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,605,850 |
| B. Plant Operation | | | 449,125 |
| C. Laundry | | | 154,171 |
| D. Housekeeping | | | 35,267 |
| E. Operating Expense Component & Per Diem | 109.4302 | 109.4302 | 2,244,413 |
| 3. Resident Care | | | |
| A. Dietary | | | 846,548 |
| B. Other | | | 36,694 |
| C. Nursing | | | 1,521,170 |
| D. Resident Care & Per Diem | 117.2312 | 117.2312 | 2,404,412 |
| 4. Prop Exp & Per Diem | 23.7569 | 23.7569 | 487,255 |
| 5. ROE/Use Per Diem | 0.5080 | 0.5080 | 10,419 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,610.50 | 17,289.00 | 18,899.50 |
| 3. Staffing Percent | 0.0852 | 0.9148 | 1.0000 |
| 4. Allocation of Direct Care | 266,011.35 | 2,855,678.65 | 3,121,690.00 |
| 5. Direct Care Expense Per Diem | 82.5866 | 165.1732 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 3,221 | 17,289 | 20,510 |
| 2. Additional Services | 233,572 | 1,253,717 | 1,487,289 |
| 3. Additional Services Exp & Per Diem | 72.5154 | 72.5153 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 109.4302 | 109.4302 | 2,244,413 |
| 2. Resident Care Component | 272.3332 | 354.9197 | 7,013,391 |
| 3. Property Cost Component | 23.7569 | 23.7569 | 487,255 |
| 4. ROE/Use Allow Component | 0.5080 | 0.5080 | 10,419 |
| 5. Total Cost Per Diem | 406.0283 | 488.6148 | 9,755,478 |

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

| |
|---------------------------|
| Provider Number: 28566800 |
| FYE: 11/30/2022 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 117.2312 | 117.2312 | A3D Allowable Resident Care Exp | 2,404,412 |
| B5 Allocation of D/C Expenses | 82.5866 | 165.1732 | B4 Allocation of D/C Expenses | 3,121,690 |
| C3 Additional Services per Diem | 72.5154 | 72.5153 | C2 Additional Services per Diem | 1,487,289 |
| Total Resident Care Component | 272.3332 | 354.9197 | Total Resident Care Component | 7,013,391 |

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Florida Agency For Health Care Administration

028567600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 12/1/2021 - 11/30/2022
 Days In Reporting Period: 365
 Number of Beds: 64

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|-------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 6,748 | 15,435 | 22,183 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 1,674,781 |
| B. Plant Operation | | | 433,639 |
| C. Laundry | | | 147,201 |
| D. Housekeeping | | | 26,550 |
| E. Operating Expense Component & Per Diem | 102.8793 | 102.8793 | 2,282,171 |
| 3. Resident Care | | | |
| A. Dietary | | | 872,841 |
| B. Other | | | 27,098 |
| C. Nursing | | | 1,312,086 |
| D. Resident Care & Per Diem | 99.7171 | 99.7171 | 2,212,025 |
| 4. Prop Exp & Per Diem | 22.9616 | 22.9616 | 509,357 |
| 5. ROE/Use Per Diem | 0.2986 | 0.2986 | 6,623 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 3,374.00 | 15,435.00 | 18,809.00 |
| 3. Staffing Percent | 0.1794 | 0.8206 | 1.0000 |
| 4. Allocation of Direct Care | 641,229.87 | 2,933,427.13 | 3,574,657.00 |
| 5. Direct Care Expense Per Diem | 95.0252 | 190.0503 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 6,748 | 15,435 | 22,183 |
| 2. Additional Services | 467,724 | 1,069,847 | 1,537,571 |
| 3. Additional Services Exp & Per Diem | 69.3130 | 69.3131 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 102.8793 | 102.8793 | 2,282,171 |
| 2. Resident Care Component | 264.0553 | 359.0805 | 7,324,253 |
| 3. Property Cost Component | 22.9616 | 22.9616 | 509,357 |
| 4. ROE/Use Allow Component | 0.2986 | 0.2986 | 6,623 |
| 5. Total Cost Per Diem | 390.1948 | 485.2200 | 10,122,404 |

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

| |
|---------------------------|
| Provider Number: 28567600 |
| FYE: 11/30/2022 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|-----------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 99.7171 | 99.7171 | A3D Allowable Resident Care Exp | 2,212,025 |
| B5 Allocation of D/C Expenses | 95.0252 | 190.0503 | B4 Allocation of D/C Expenses | 3,574,657 |
| C3 Additional Services per Diem | 69.3130 | 69.3131 | C2 Additional Services per Diem | 1,537,571 |
| Total Resident Care Component | 264.0553 | 359.0805 | Total Resident Care Component | 7,324,253 |

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Florida Agency For Health Care Administration

028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **157th Terrace (Sunrise)**
 Provider Number: 28568400
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 7/1/2022 - 6/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,857 | 0 | 1,857 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 98,644 |
| B. Plant Operation | | | 44,836 |
| C. Laundry | | | 187 |
| D. Housekeeping | | | 3,882 |
| E. Operating Expense Component & Per Diem | 79.4556 | | 147,549 |
| 3. Resident Care | | | |
| A. Dietary | | | 19,244 |
| B. Other | | | 57,133 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 41.1292 | | 76,377 |
| 4. Prop Exp & Per Diem | 20.4701 | | 38,013 |
| 5. ROE/Use Per Diem | 6.2940 | | 11,688 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 1,392.75 | 0.00 | 1,392.75 |
| 3. Staffing Percent | 1.0000 | 0.0000 | 1.0000 |
| 4. Allocation of Direct Care | 642,290.00 | 0.00 | 642,290.00 |
| 5. Direct Care Expense Per Diem | 345.8751 | 0.0000 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,857 | 0 | 1,857 |
| 2. Additional Services | 2,101 | 0 | 2,101 |
| 3. Additional Services Exp & Per Diem | 1.1314 | 0.0000 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 79.4556 | 0.0000 | 147,549 |
| 2. Resident Care Component | 388.1357 | 0.0000 | 720,768 |
| 3. Property Cost Component | 20.4701 | 0.0000 | 38,013 |
| 4. ROE/Use Allow Component | 6.2940 | 0.0000 | 11,688 |
| 5. Total Cost Per Diem | 494.3554 | 0.0000 | 918,018 |

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

| |
|---------------------------|
| Provider Number: 28568400 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | No N/M Days | | | TOTALS |
|--------------------------------------|-------------|--------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 41.1292 | 0.0000 | A3D Allowable Resident Care Exp | 76,377 |
| B5 Allocation of D/C Expenses | 345.8751 | 0.0000 | B4 Allocation of D/C Expenses | 642,290 |
| C3 Additional Services per Diem | 1.1314 | 0.0000 | C2 Additional Services per Diem | 2,101 |
| Total Resident Care Component | 388.1357 | 0.0000 | Total Resident Care Component | 720,768 |

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Florida Agency For Health Care Administration

028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **145th Street Group Home (Sunrise)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 28569200

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 7/1/2022 - 6/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 2,012 | 2,012 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 105,631 |
| B. Plant Operation | | | 51,153 |
| C. Laundry | | | 113 |
| D. Housekeeping | | | 2,076 |
| E. Operating Expense Component & Per Diem | 79.0124 | 79.0124 | 158,973 |
| 3. Resident Care | | | |
| A. Dietary | | | 16,904 |
| B. Other | | | 63,046 |
| C. Nursing | | | 0 |
| D. Resident Care & Per Diem | 39.7366 | 39.7366 | 79,950 |
| 4. Prop Exp & Per Diem | 30.6720 | 30.6720 | 61,712 |
| 5. ROE/Use Per Diem | 8.3713 | 8.3713 | 16,843 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 2,012.00 | 2,012.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 666,306.00 | 666,306.00 |
| 5. Direct Care Expense Per Diem | 165.5830 | 331.1660 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 2,012 | 2,012 |
| 2. Additional Services | 0 | 15,166 | 15,166 |
| 3. Additional Services Exp & Per Diem | 7.5378 | 7.5378 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 79.0124 | 79.0124 | 158,973 |
| 2. Resident Care Component | 212.8574 | 378.4404 | 761,422 |
| 3. Property Cost Component | 30.6720 | 30.6720 | 61,712 |
| 4. ROE/Use Allow Component | 8.3713 | 8.3713 | 16,843 |
| 5. Total Cost Per Diem | 330.9131 | 496.4961 | 998,950 |

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

| |
|---------------------------|
| Provider Number: 28569200 |
|---------------------------|

| |
|-----------------|
| FYE: 06/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 39.7366 | 39.7366 | A3D Allowable Resident Care Exp | 79,950 |
| B5 Allocation of D/C Expenses | 165.5830 | 331.1660 | B4 Allocation of D/C Expenses | 666,306 |
| C3 Additional Services per Diem | 7.5378 | 7.5378 | C2 Additional Services per Diem | 15,166 |
| Total Resident Care Component | 212.8574 | 378.4404 | Total Resident Care Component | 761,422 |

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Florida Agency For Health Care Administration

031256800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Avon Park Cluster (Mentor)**
 Provider Number: 31256800
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 8,309 | 8,309 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 792,976 |
| B. Plant Operation | | | 293,194 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 86,591 |
| E. Operating Expense Component & Per Diem | 141.1435 | 141.1435 | 1,172,761 |
| 3. Resident Care | | | |
| A. Dietary | | | 682,004 |
| B. Other | | | 0 |
| C. Nursing | | | 978,323 |
| D. Resident Care & Per Diem | 199.8227 | 199.8227 | 1,660,327 |
| 4. Prop Exp & Per Diem | 18.0312 | 18.0312 | 149,821 |
| 5. ROE/Use Per Diem | 0.7307 | 0.7307 | 6,071 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 8,309.00 | 8,309.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 1,962,252.00 | 1,962,252.00 |
| 5. Direct Care Expense Per Diem | 118.0799 | 236.1598 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 8,309 | 8,309 |
| 2. Additional Services | 0 | 211,999 | 211,999 |
| 3. Additional Services Exp & Per Diem | 25.5144 | 25.5144 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 141.1435 | 141.1435 | 1,172,761 |
| 2. Resident Care Component | 343.4170 | 461.4969 | 3,834,578 |
| 3. Property Cost Component | 18.0312 | 18.0312 | 149,821 |
| 4. ROE/Use Allow Component | 0.7307 | 0.7307 | 6,071 |
| 5. Total Cost Per Diem | 503.3224 | 621.4023 | 5,163,231 |

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31256800 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 199.8227 | 199.8227 | A3D Allowable Resident Care Exp | 1,660,327 |
| B5 Allocation of D/C Expenses | 118.0799 | 236.1598 | B4 Allocation of D/C Expenses | 1,962,252 |
| C3 Additional Services per Diem | 25.5144 | 25.5144 | C2 Additional Services per Diem | 211,999 |
| Total Resident Care Component | 343.4170 | 461.4969 | Total Resident Care Component | 3,834,578 |

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Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Eagle Watch Cluster (Mentor)**

Cost Report Entered By : Hatcher, Toriano

Provider Number: 31257600

Rate Semester : July, 2024

Audit Status: Rebase Unaudited Costs

Cost Report : 10/1/2022 - 9/30/2023

Date: 8/1/2024

Days In Reporting Period: 365

Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,420 | 6,273 | 7,693 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 855,175 |
| B. Plant Operation | | | 340,618 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 118,289 |
| E. Operating Expense Component & Per Diem | 170.8153 | 170.8153 | 1,314,082 |
| 3. Resident Care | | | |
| A. Dietary | | | 184,910 |
| B. Other | | | 0 |
| C. Nursing | | | 1,041,563 |
| D. Resident Care & Per Diem | 159.4271 | 159.4271 | 1,226,473 |
| 4. Prop Exp & Per Diem | 25.1048 | 25.1048 | 193,131 |
| 5. ROE/Use Per Diem | 1.2154 | 1.2154 | 9,350 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 710.00 | 6,273.00 | 6,983.00 |
| 3. Staffing Percent | 0.1017 | 0.8983 | 1.0000 |
| 4. Allocation of Direct Care | 246,682.45 | 2,179,491.55 | 2,426,174.00 |
| 5. Direct Care Expense Per Diem | 173.7200 | 347.4401 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,420 | 6,273 | 7,693 |
| 2. Additional Services | 30,067 | 132,822 | 162,889 |
| 3. Additional Services Exp & Per Diem | 21.1739 | 21.1736 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 170.8153 | 170.8153 | 1,314,082 |
| 2. Resident Care Component | 354.3210 | 528.0408 | 3,815,536 |
| 3. Property Cost Component | 25.1048 | 25.1048 | 193,131 |
| 4. ROE/Use Allow Component | 1.2154 | 1.2154 | 9,350 |
| 5. Total Cost Per Diem | 551.4565 | 725.1763 | 5,332,099 |

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31257600 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 159.4271 | 159.4271 | A3D Allowable Resident Care Exp | 1,226,473 |
| B5 Allocation of D/C Expenses | 173.7200 | 347.4401 | B4 Allocation of D/C Expenses | 2,426,174 |
| C3 Additional Services per Diem | 21.1739 | 21.1736 | C2 Additional Services per Diem | 162,889 |
| Total Resident Care Component | 354.3210 | 528.0408 | Total Resident Care Component | 3,815,536 |

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Florida Agency For Health Care Administration

031258400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Point West Cluster (Mentor)**
 Provider Number: 31258400
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 365 | 7,937 | 8,302 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 826,945 |
| B. Plant Operation | | | 396,736 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 81,847 |
| E. Operating Expense Component & Per Diem | 157.2546 | 157.2546 | 1,305,528 |
| 3. Resident Care | | | |
| A. Dietary | | | 183,539 |
| B. Other | | | 0 |
| C. Nursing | | | 1,140,693 |
| D. Resident Care & Per Diem | 159.5076 | 159.5076 | 1,324,232 |
| 4. Prop Exp & Per Diem | 22.2684 | 22.2684 | 184,872 |
| 5. ROE/Use Per Diem | 1.2237 | 1.2237 | 10,159 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2. Total Staffing Required | 182.50 | 7,937.00 | 8,119.50 |
| 3. Staffing Percent | 0.0225 | 0.9775 | 1.0000 |
| 4. Allocation of Direct Care | 46,726.38 | 2,032,149.62 | 2,078,876.00 |
| 5. Direct Care Expense Per Diem | 128.0175 | 256.0350 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 365 | 7,937 | 8,302 |
| 2. Additional Services | 6,220 | 135,263 | 141,483 |
| 3. Additional Services Exp & Per Diem | 17.0411 | 17.0421 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 157.2546 | 157.2546 | 1,305,528 |
| 2. Resident Care Component | 304.5662 | 432.5847 | 3,544,591 |
| 3. Property Cost Component | 22.2684 | 22.2684 | 184,872 |
| 4. ROE/Use Allow Component | 1.2237 | 1.2237 | 10,159 |
| 5. Total Cost Per Diem | 485.3129 | 613.3314 | 5,045,150 |

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31258400 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 159.5076 | 159.5076 | A3D Allowable Resident Care Exp | 1,324,232 |
| B5 Allocation of D/C Expenses | 128.0175 | 256.0350 | B4 Allocation of D/C Expenses | 2,078,876 |
| C3 Additional Services per Diem | 17.0411 | 17.0421 | C2 Additional Services per Diem | 141,483 |
| Total Resident Care Component | 304.5662 | 432.5847 | Total Resident Care Component | 3,544,591 |

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Florida Agency For Health Care Administration

031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Hodges Cluster (Mentor)**
 Provider Number: 31259200
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 457 | 7,883 | 8,340 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 950,346 |
| B. Plant Operation | | | 282,210 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 95,232 |
| E. Operating Expense Component & Per Diem | 159.2072 | 159.2072 | 1,327,788 |
| 3. Resident Care | | | |
| A. Dietary | | | 249,952 |
| B. Other | | | 0 |
| C. Nursing | | | 1,339,524 |
| D. Resident Care & Per Diem | 190.5847 | 190.5847 | 1,589,476 |
| 4. Prop Exp & Per Diem | 17.6345 | 17.6345 | 147,072 |
| 5. ROE/Use Per Diem | 0.9560 | 0.9560 | 7,973 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 228.50 | 7,883.00 | 8,111.50 |
| 3. Staffing Percent | 0.0282 | 0.9718 | 1.0000 |
| 4. Allocation of Direct Care | 76,187.61 | 2,628,389.39 | 2,704,577.00 |
| 5. Direct Care Expense Per Diem | 166.7125 | 333.4250 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 457 | 7,883 | 8,340 |
| 2. Additional Services | 7,342 | 126,648 | 133,990 |
| 3. Additional Services Exp & Per Diem | 16.0656 | 16.0660 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 159.2072 | 159.2072 | 1,327,788 |
| 2. Resident Care Component | 373.3628 | 540.0757 | 4,428,043 |
| 3. Property Cost Component | 17.6345 | 17.6345 | 147,072 |
| 4. ROE/Use Allow Component | 0.9560 | 0.9560 | 7,973 |
| 5. Total Cost Per Diem | 551.1605 | 717.8734 | 5,910,876 |

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31259200 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 190.5847 | 190.5847 | A3D Allowable Resident Care Exp | 1,589,476 |
| B5 Allocation of D/C Expenses | 166.7125 | 333.4250 | B4 Allocation of D/C Expenses | 2,704,577 |
| C3 Additional Services per Diem | 16.0656 | 16.0660 | C2 Additional Services per Diem | 133,990 |
| Total Resident Care Component | 373.3628 | 540.0757 | Total Resident Care Component | 4,428,043 |

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Florida Agency For Health Care Administration

031260600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Kinkaid Cluster (Mentor)**
 Provider Number: 31260600
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 2,569 | 5,956 | 8,525 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 833,594 |
| B. Plant Operation | | | 386,291 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 113,575 |
| E. Operating Expense Component & Per Diem | 156.4176 | 156.4176 | 1,333,460 |
| 3. Resident Care | | | |
| A. Dietary | | | 222,214 |
| B. Other | | | 0 |
| C. Nursing | | | 909,105 |
| D. Resident Care & Per Diem | 132.7060 | 132.7060 | 1,131,319 |
| 4. Prop Exp & Per Diem | 34.8147 | 34.8147 | 296,795 |
| 5. ROE/Use Per Diem | 1.3365 | 1.3365 | 11,394 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 1,284.50 | 5,956.00 | 7,240.50 |
| 3. Staffing Percent | 0.1774 | 0.8226 | 1.0000 |
| 4. Allocation of Direct Care | 391,739.78 | 1,816,428.22 | 2,208,168.00 |
| 5. Direct Care Expense Per Diem | 152.4873 | 304.9745 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 2,569 | 5,956 | 8,525 |
| 2. Additional Services | 35,831 | 83,071 | 118,902 |
| 3. Additional Services Exp & Per Diem | 13.9475 | 13.9474 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 156.4176 | 156.4176 | 1,333,460 |
| 2. Resident Care Component | 299.1408 | 451.6279 | 3,458,389 |
| 3. Property Cost Component | 34.8147 | 34.8147 | 296,795 |
| 4. ROE/Use Allow Component | 1.3365 | 1.3365 | 11,394 |
| 5. Total Cost Per Diem | 491.7096 | 644.1967 | 5,100,038 |

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31260600 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 132.7060 | 132.7060 | A3D Allowable Resident Care Exp | 1,131,319 |
| B5 Allocation of D/C Expenses | 152.4873 | 304.9745 | B4 Allocation of D/C Expenses | 2,208,168 |
| C3 Additional Services per Diem | 13.9475 | 13.9474 | C2 Additional Services per Diem | 118,902 |
| Total Resident Care Component | 299.1408 | 451.6279 | Total Resident Care Component | 3,458,389 |

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Florida Agency For Health Care Administration

031261400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Flamingo Drive Cluster (Mentor)**
 Provider Number: 31261400
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 0 | 7,954 | 7,954 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 877,927 |
| B. Plant Operation | | | 241,764 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 103,326 |
| E. Operating Expense Component & Per Diem | 153.7613 | 153.7613 | 1,223,017 |
| 3. Resident Care | | | |
| A. Dietary | | | 310,454 |
| B. Other | | | 0 |
| C. Nursing | | | 1,565,891 |
| D. Resident Care & Per Diem | 235.8995 | 235.8995 | 1,876,345 |
| 4. Prop Exp & Per Diem | 16.1203 | 16.1203 | 128,221 |
| 5. ROE/Use Per Diem | 1.2125 | 1.2125 | 9,644 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 0.00 | 7,954.00 | 7,954.00 |
| 3. Staffing Percent | 0.0000 | 1.0000 | 1.0000 |
| 4. Allocation of Direct Care | 0.00 | 2,253,419.00 | 2,253,419.00 |
| 5. Direct Care Expense Per Diem | 141.6532 | 283.3064 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 0 | 7,954 | 7,954 |
| 2. Additional Services | 0 | 239,222 | 239,222 |
| 3. Additional Services Exp & Per Diem | 30.0757 | 30.0757 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 153.7613 | 153.7613 | 1,223,017 |
| 2. Resident Care Component | 407.6284 | 549.2816 | 4,368,986 |
| 3. Property Cost Component | 16.1203 | 16.1203 | 128,221 |
| 4. ROE/Use Allow Component | 1.2125 | 1.2125 | 9,644 |
| 5. Total Cost Per Diem | 578.7225 | 720.3757 | 5,729,868 |

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31261400 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | Extrapolated R/I | | | TOTALS |
|--------------------------------------|------------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 235.8995 | 235.8995 | A3D Allowable Resident Care Exp | 1,876,345 |
| B5 Allocation of D/C Expenses | 141.6532 | 283.3064 | B4 Allocation of D/C Expenses | 2,253,419 |
| C3 Additional Services per Diem | 30.0757 | 30.0757 | C2 Additional Services per Diem | 239,222 |
| Total Resident Care Component | 407.6284 | 549.2816 | Total Resident Care Component | 4,368,986 |

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Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,837 | 112 | 1,949 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 102,889 |
| B. Plant Operation | | | 40,065 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 2,383 |
| E. Operating Expense Component & Per Diem | 74.5700 | 74.5700 | 145,337 |
| 3. Resident Care | | | |
| A. Dietary | | | 21,333 |
| B. Other | | | 0 |
| C. Nursing | | | 12,346 |
| D. Resident Care & Per Diem | 17.2801 | 17.2801 | 33,679 |
| 4. Prop Exp & Per Diem | 34.0544 | 34.0544 | 66,372 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,377.75 | 112.00 | 1,489.75 |
| 3. Staffing Percent | 0.9248 | 0.0752 | 1.0000 |
| 4. Allocation of Direct Care | 421,411.62 | 34,257.38 | 455,669.00 |
| 5. Direct Care Expense Per Diem | 229.4021 | 305.8694 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,837 | 112 | 1,949 |
| 2. Additional Services | 6,331 | 386 | 6,717 |
| 3. Additional Services Exp & Per Diem | 3.4464 | 3.4464 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 74.5700 | 74.5700 | 145,337 |
| 2. Resident Care Component | 250.1286 | 326.5959 | 496,065 |
| 3. Property Cost Component | 34.0544 | 34.0544 | 66,372 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 358.7530 | 435.2203 | 707,774 |

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

| |
|---------------------------|
| Provider Number: 31262200 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 17.2801 | 17.2801 | A3D Allowable Resident Care Exp | 33,679 |
| B5 Allocation of D/C Expenses | 229.4021 | 305.8694 | B4 Allocation of D/C Expenses | 455,669 |
| C3 Additional Services per Diem | 3.4464 | 3.4464 | C2 Additional Services per Diem | 6,717 |
| Total Resident Care Component | 250.1286 | 326.5959 | Total Resident Care Component | 496,065 |

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Florida Agency For Health Care Administration

031263100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Greenridge Group Home (Mentor)**
 Provider Number: 31263100
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,780 | 365 | 2,145 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 95,868 |
| B. Plant Operation | | | 40,846 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 2,539 |
| E. Operating Expense Component & Per Diem | 64.9198 | 64.9198 | 139,253 |
| 3. Resident Care | | | |
| A. Dietary | | | 5,246 |
| B. Other | | | 0 |
| C. Nursing | | | 12,910 |
| D. Resident Care & Per Diem | 8.4643 | 8.4643 | 18,156 |
| 4. Prop Exp & Per Diem | 31.1417 | 31.1417 | 66,799 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2.Total Staffing Required | 1,335.00 | 365.00 | 1,700.00 |
| 3. Staffing Percent | 0.7853 | 0.2147 | 1.0000 |
| 4. Allocation of Direct Care | 345,824.68 | 94,551.32 | 440,376.00 |
| 5. Direct Care Expense Per Diem | 194.2835 | 259.0447 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,780 | 365 | 2,145 |
| 2. Additional Services | 6,312 | 1,294 | 7,606 |
| 3. Additional Services Exp & Per Diem | 3.5461 | 3.5452 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 64.9198 | 64.9198 | 139,253 |
| 2. Resident Care Component | 206.2939 | 271.0542 | 466,138 |
| 3. Property Cost Component | 31.1417 | 31.1417 | 66,799 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 302.3554 | 367.1157 | 672,190 |

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

| |
|---------------------------|
| Provider Number: 31263100 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|----------------|----------|--------------------------------------|---------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 8.4643 | 8.4643 | A3D Allowable Resident Care Exp | 18,156 |
| B5 Allocation of D/C Expenses | 194.2835 | 259.0447 | B4 Allocation of D/C Expenses | 440,376 |
| C3 Additional Services per Diem | 3.5461 | 3.5452 | C2 Additional Services per Diem | 7,606 |
| Total Resident Care Component | 206.2939 | 271.0542 | Total Resident Care Component | 466,138 |

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Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Pensacola Cluster (Mentor)**
 Provider Number: 31264900
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 135 | 7,884 | 8,019 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 878,258 |
| B. Plant Operation | | | 359,774 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 139,996 |
| E. Operating Expense Component & Per Diem | 171.8454 | 171.8454 | 1,378,028 |
| 3. Resident Care | | | |
| A. Dietary | | | 716,656 |
| B. Other | | | 0 |
| C. Nursing | | | 1,025,061 |
| D. Resident Care & Per Diem | 217.1988 | 217.1988 | 1,741,717 |
| 4. Prop Exp & Per Diem | 27.2515 | 27.2515 | 218,530 |
| 5. ROE/Use Per Diem | 1.1751 | 1.1751 | 9,423 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 67.50 | 7,884.00 | 7,951.50 |
| 3. Staffing Percent | 0.0085 | 0.9915 | 1.0000 |
| 4. Allocation of Direct Care | 17,453.08 | 2,038,520.92 | 2,055,974.00 |
| 5. Direct Care Expense Per Diem | 129.2821 | 258.5643 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 135 | 7,884 | 8,019 |
| 2. Additional Services | 5,232 | 305,563 | 310,795 |
| 3. Additional Services Exp & Per Diem | 38.7556 | 38.7574 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 171.8454 | 171.8454 | 1,378,028 |
| 2. Resident Care Component | 385.2365 | 514.5205 | 4,108,486 |
| 3. Property Cost Component | 27.2515 | 27.2515 | 218,530 |
| 4. ROE/Use Allow Component | 1.1751 | 1.1751 | 9,423 |
| 5. Total Cost Per Diem | 585.5085 | 714.7925 | 5,714,467 |

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31264900 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 217.1988 | 217.1988 | A3D Allowable Resident Care Exp | 1,741,717 |
| B5 Allocation of D/C Expenses | 129.2821 | 258.5643 | B4 Allocation of D/C Expenses | 2,055,974 |
| C3 Additional Services per Diem | 38.7556 | 38.7574 | C2 Additional Services per Diem | 310,795 |
| Total Resident Care Component | 385.2365 | 514.5205 | Total Resident Care Component | 4,108,486 |

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Florida Agency For Health Care Administration

031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Caprona Group Home (Mentor)**
 Provider Number: 31265700
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 730 | 1,035 | 1,765 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 107,187 |
| B. Plant Operation | | | 39,418 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 3,828 |
| E. Operating Expense Component & Per Diem | 85.2312 | 85.2312 | 150,433 |
| 3. Resident Care | | | |
| A. Dietary | | | 14,634 |
| B. Other | | | 0 |
| C. Nursing | | | 28,218 |
| D. Resident Care & Per Diem | 24.2788 | 24.2788 | 42,852 |
| 4. Prop Exp & Per Diem | 38.6295 | 38.6295 | 68,181 |
| 5. ROE/Use Per Diem | 0.0000 | 0.0000 | 0 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 547.50 | 1,035.00 | 1,582.50 |
| 3. Staffing Percent | 0.3460 | 0.6540 | 1.0000 |
| 4. Allocation of Direct Care | 156,590.53 | 296,020.47 | 452,611.00 |
| 5. Direct Care Expense Per Diem | 214.5076 | 286.0101 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 730 | 1,035 | 1,765 |
| 2. Additional Services | 14,759 | 20,925 | 35,684 |
| 3. Additional Services Exp & Per Diem | 20.2178 | 20.2174 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 85.2312 | 85.2312 | 150,433 |
| 2. Resident Care Component | 259.0042 | 330.5063 | 531,147 |
| 3. Property Cost Component | 38.6295 | 38.6295 | 68,181 |
| 4. ROE/Use Allow Component | 0.0000 | 0.0000 | 0 |
| 5. Total Cost Per Diem | 382.8649 | 454.3670 | 749,761 |

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

| |
|---------------------------|
| Provider Number: 31265700 |
| FYE: 09/30/2023 |

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 24.2788 | 24.2788 | A3D Allowable Resident Care Exp | 42,852 |
| B5 Allocation of D/C Expenses | 214.5076 | 286.0101 | B4 Allocation of D/C Expenses | 452,611 |
| C3 Additional Services per Diem | 20.2178 | 20.2174 | C2 Additional Services per Diem | 35,684 |
| Total Resident Care Component | 259.0042 | 330.5063 | Total Resident Care Component | 531,147 |

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Florida Agency For Health Care Administration

031266500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Rich Street Group Home (Mentor)**
 Provider Number: 31266500
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 6

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|----------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,095 | 584 | 1,679 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 146,141 |
| B. Plant Operation | | | 31,526 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 2,982 |
| E. Operating Expense Component & Per Diem | 107.5932 | 107.5932 | 180,649 |
| 3. Resident Care | | | |
| A. Dietary | | | 13,841 |
| B. Other | | | 0 |
| C. Nursing | | | 90,371 |
| D. Resident Care & Per Diem | 62.0679 | 62.0679 | 104,212 |
| 4. Prop Exp & Per Diem | 38.4390 | 38.4390 | 64,539 |
| 5. ROE/Use Per Diem | 0.4955 | 0.4955 | 832 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.75 | 1.00 | |
| 2. Total Staffing Required | 821.25 | 584.00 | 1,405.25 |
| 3. Staffing Percent | 0.5844 | 0.4156 | 1.0000 |
| 4. Allocation of Direct Care | 225,552.27 | 160,392.73 | 385,945.00 |
| 5. Direct Care Expense Per Diem | 205.9838 | 274.6451 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,095 | 584 | 1,679 |
| 2. Additional Services | 26,076 | 13,907 | 39,983 |
| 3. Additional Services Exp & Per Diem | 23.8137 | 23.8134 | |
| D. Medicaid Per Diem Cost | | | |
| 1. Operating Component | 107.5932 | 107.5932 | 180,649 |
| 2. Resident Care Component | 291.8654 | 360.5264 | 530,140 |
| 3. Property Cost Component | 38.4390 | 38.4390 | 64,539 |
| 4. ROE/Use Allow Component | 0.4955 | 0.4955 | 832 |
| 5. Total Cost Per Diem | 438.3931 | 507.0541 | 776,160 |

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

| |
|---------------------------|
| Provider Number: 31266500 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|----------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 62.0679 | 62.0679 | A3D Allowable Resident Care Exp | 104,212 |
| B5 Allocation of D/C Expenses | 205.9838 | 274.6451 | B4 Allocation of D/C Expenses | 385,945 |
| C3 Additional Services per Diem | 23.8137 | 23.8134 | C2 Additional Services per Diem | 39,983 |
| Total Resident Care Component | 291.8654 | 360.5264 | Total Resident Care Component | 530,140 |

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Florida Agency For Health Care Administration

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2024 to 7/2024

Provider Name: **Sandpiper Cluster (Mentor)**
 Provider Number: 31267300
 Audit Status: Rebase Unaudited Costs
 Date: 8/1/2024

Cost Report Entered By : Hatcher, Toriano
 Rate Semester : July, 2024
 Cost Report : 10/1/2022 - 9/30/2023
 Days In Reporting Period: 365
 Number of Beds: 24

| | Column A Residential Institutional | Column B Non-Ambulatory Medical | Column C Total |
|--|--|------------------------------------|------------------|
| A. Allocation of Expenses (excluding B & C) | | | |
| 1. Resident Days | 1,213 | 6,181 | 7,394 |
| 2. Operating Expenses component | | | |
| A. Administration | | | 877,072 |
| B. Plant Operation | | | 201,891 |
| C. Laundry | | | 0 |
| D. Housekeeping | | | 95,277 |
| E. Operating Expense Component & Per Diem | 158.8098 | 158.8098 | 1,174,240 |
| 3. Resident Care | | | |
| A. Dietary | | | 168,477 |
| B. Other | | | 0 |
| C. Nursing | | | 1,743,403 |
| D. Resident Care & Per Diem | 258.5718 | 258.5718 | 1,911,880 |
| 4. Prop Exp & Per Diem | 16.7686 | 16.7686 | 123,987 |
| 5. ROE/Use Per Diem | 1.2831 | 1.2831 | 9,487 |
| B. Direct Care Expense | | | |
| 1. Staffing | 0.50 | 1.00 | |
| 2.Total Staffing Required | 606.50 | 6,181.00 | 6,787.50 |
| 3. Staffing Percent | 0.0894 | 0.9106 | 1.0000 |
| 4. Allocation of Direct Care | 194,615.23 | 1,983,374.77 | 2,177,990.00 |
| 5. Direct Care Expense Per Diem | 160.4412 | 320.8825 | |
| C. Additional Services Expense | | | |
| 1. Medicaid Inpatient Days | 1,213 | 6,181 | 7,394 |
| 2. Additional Services | 29,076 | 148,162 | 177,238 |
| 3. Additional Services Exp & Per Diem | 23.9703 | 23.9706 | |
| D. Medicaid Per Diem Cost | | | |
| 1.Operating Component | 158.8098 | 158.8098 | 1,174,240 |
| 2. Resident Care Component | 442.9833 | 603.4249 | 4,267,108 |
| 3. Property Cost Component | 16.7686 | 16.7686 | 123,987 |
| 4. ROE/Use Allow Component | 1.2831 | 1.2831 | 9,487 |
| 5. Total Cost Per Diem | 619.8448 | 780.2864 | 5,574,822 |

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

| |
|---------------------------|
| Provider Number: 31267300 |
|---------------------------|

| |
|-----------------|
| FYE: 09/30/2023 |
|-----------------|

| | R/I & N/M Days | | | TOTALS |
|--------------------------------------|-----------------|-----------------|--------------------------------------|------------------|
| | R/I | N/M | | |
| A3D Allowable Resident Care Exp | 258.5718 | 258.5718 | A3D Allowable Resident Care Exp | 1,911,880 |
| B5 Allocation of D/C Expenses | 160.4412 | 320.8825 | B4 Allocation of D/C Expenses | 2,177,990 |
| C3 Additional Services per Diem | 23.9703 | 23.9706 | C2 Additional Services per Diem | 177,238 |
| Total Resident Care Component | 442.9833 | 603.4249 | Total Resident Care Component | 4,267,108 |

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