



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

000169300 - 2014/04
RI:255.19 / NM:0.00

St. Augustine Center for Living
 5155 U.S. 1 South
 St. Augustine FL 32086

Provider Number: 000169300
 Date: 4/17/2014
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	257.78	255.19	4/1/2014
#8 Non-Ambulatory & #9 Medical	NA	0.00	

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:

_____ For Information only - No Change in rate



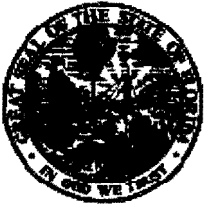
Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	21,830	0	21,830
2. Operating Expenses Component			
A. Administration			587,328
B. Plant Operation			294,747
C. Laundry			34,605
D. Housekeeping			68,150
E. Operating Expense Component & Per Diem	45.1136	0.0000	984,830
3. Resident Care			
A. Dietary			382,403
B. Other			0
C. Nursing			410,479
D. Resident Care & Per Diem	36.3208	0.0000	792,882
4. Prop Exp & Per Diem	23.2751	0.0000	508,095
5. ROE/Use Per Diem	0.2935	0.0000	6,408
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,915.00		10,915.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,120,096.00		2,120,096.00
5. Direct Care Expense Per Diem	97.1185		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	21,830		21,830
2. Additional Services	366,755		366,755
3. Additional Services Exp & Per Diem	16.8005		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	45.1136		984,830
2. Resident Care Component	150.2397		3,279,733
3. Property Cost Component	23.2751		508,095
4. ROE/Use Allow Component	0.2935		6,408
5 Total Cost Per Diem	218.9219		4,779,066



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

000169300 - 2014/04
255.19
0.00

St. Augustine Center for Living
 Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183
 Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	45.706	150.224	195.930			
2. Inflate Line 1 by Inflation Factor 1.02204667 *	49.304	153.536	202.840			
3. Line 1 x 1.400 x Inflation Factor 1.03086534 *	49.707	154.861	204.568			
4. Current Period Cost	46.840	150.240	197.080			
5. Incentive Basis (line 3 - line 4)	2.867	4.621	7.488	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	46.840	150.240	197.080			
7. Incentive Line 5 x Oper 50% Res 50%	1.433	2.311	3.744	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.684	4.507	9.191	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.433	2.311	3.744	0.000	0.000	0.000
10. Final Incentive	1.433	2.311	3.744	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	48.274	152.550	200.824	0.000	0.000	0.000
12. Plus: Property Rate Component			23.275			0.000
13. Plus: ROE/Use Rate			0.294			0.000
14. Total Current Period Base			224.392			0.000
15. Prospective Rate: Line 11 x Inflation (1.04163921)	50.284	158.902	209.186	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.284	158.902	209.186	0.000	0.000	0.000
19. Property Rate Component			23.275			0.000
20. ROE Component + ROE Interim Component			0.294			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			232.75			0.00
23. Medicaid Days		21,830			0	
24. Resident Days		21,830			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.55			0.00
29. Add-On (QAF less Rate Cut)			2.02			0.00
30. Final Per Diem After Adjustments			255.19			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001069500 - 2014/04
RI:352.51 / NM:430.10

Minor North
 85609 Miner Road
 Yulee FL 32097

Provider Number: 001069500
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.82	352.51	4/1/2014
#8 Non-Ambulatory & #9 Medical	448.52	430.10	4/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

001069500

Provider Name: **Minor North**
 Provider Number: 01069500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	30	8,444	8,474
2. Operating Expenses Component			
A. Administration			437,514
B. Plant Operation			302,762
C. Laundry			46,790
D. Housekeeping			60,668
E. Operating Expense Component & Per Diem	100.0394	100.0394	847,734
3. Resident Care			
A. Dietary			240,214
B. Other			0
C. Nursing			253,673
D. Resident Care & Per Diem	58.2826	58.2826	493,887
4. Prop Exp & Per Diem	52.6020	52.6020	445,749
5. ROE/Use Per Diem	1.9642	1.9642	16,645
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	15.00	8,444.00	8,459.00
3. Staffing Percent	0.1773259	99.8226741	100.00
4. Allocation of Direct Care	2,335.43	1,314,691.57	1,317,027.00
5. Direct Care Expense Per Diem	77.8477	155.6954	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	30	8,444	8,474
2. Additional Services	526	148,143	148,669
3. Additional Services Exp & Per Diem	17.5333	17.5442	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	100.0394	100.0394	847,734
2. Resident Care Component	153.6636	231.5222	1,959,583
3. Property Cost Component	52.6020	52.6020	445,749
4. ROE/Use Allow Component	1.9642	1.9642	16,645
5 Total Cost Per Diem	308.2693	386.1278	3,269,711



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

001069500 - 2014/04
352.51
430.10

Minor North

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	115.783	156.001	271.784	115.783	225.798	341.581
2. Inflate Line 1 by Inflation Factor 1.02197521	118.327	159.429	277.756	118.327	230.760	349.087
3. Line 1 x 1.400 x Inflation Factor 1.03076529	119.345	160.800	280.145	119.345	232.744	352.090
4. Current Period Cost	100.039	153.664	253.703	100.039	231.522	331.562
5. Incentive Basis (line 3 - line 4)	19.306	7.137		19.306	1.222	
6. Allowed Current Period Costs (Min of line 3 or 4)	100.039	153.664	253.703	100.039	231.522	331.562
7. Incentive Line 5 x Oper 50% Res 50%	9.653	3.568	13.221	9.653	0.611	10.264
8. Incentive - Line 4 x Oper 10% Res 3%	10.004	4.610	14.614	10.004	6.946	16.950
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.653	3.568	13.221	9.653	0.611	10.264
10. Final Incentive	9.653	3.568	13.221	9.653	0.611	10.264
11. Current Period Base: (line 6 + line 10)	109.692	157.232	266.924	109.692	232.133	341.826
12. Plus: Property Rate Component			52.602			52.602
13. Plus: ROE/Use Rate			1.964			1.964
14. Total Current Period Base			321.490			396.392
15. Prospective Rate: Line 11 x Inflation (1.03003731)	112.987	161.955	274.942	112.987	239.106	352.093
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.987	161.955	274.942	112.987	239.106	352.093
19. Property Rate Component			52.602			52.602
20. ROE Component + ROE Interim Component			1.964			1.964
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			329.51			406.66
23. Medicaid Days			30		8,444	
24. Resident Days			30		8,444	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.76			0.92
29. Add-On (QAF less Rate Cut)			2.79			3.40
30. Final Per Diem After Adjustments			352.51			430.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

001071000 - 2014/04
RI:314.87 / NM:387.44

Minor South
 85474 Miner Road
 Yulee FL 32097

Provider Number: 001071000
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	371.43	314.87	4/1/2014
#8 Non-Ambulatory & #9 Medical	460.97	387.44	4/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Care Ctrs of Nassau, LLC

95146 Hendricks Road
 Fernandina Beach FL 32034

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

001071000

Provider Name: **Minor South**
 Provider Number: 01071000
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,095	7,665	8,760
2. Operating Expenses Component			
A. Administration			433,120
B. Plant Operation			282,440
C. Laundry			29,598
D. Housekeeping			65,082
E. Operating Expense Component & Per Diem	92.4932	92.4932	810,240
3. Resident Care			
A. Dietary			223,806
B. Other			0
C. Nursing			164,511
D. Resident Care & Per Diem	44.3284	44.3284	388,317
4. Prop Exp & Per Diem	49.6410	49.6410	434,855
5. ROE/Use Per Diem	1.9497	1.9497	17,079
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,665.00	8,212.50
3. Staffing Percent	6.6666667	93.3333333	100.00
4. Allocation of Direct Care	74,467.87	1,042,550.13	1,117,018.00
5. Direct Care Expense Per Diem	68.0072	136.0144	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,095	7,665	8,760
2. Additional Services	17,139	119,958	137,097
3. Additional Services Exp & Per Diem	15.6521	15.6501	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.4932	92.4932	810,240
2. Resident Care Component	127.9877	195.9929	1,642,432
3. Property Cost Component	49.6410	49.6410	434,855
4. ROE/Use Allow Component	1.9497	1.9497	17,079
5 Total Cost Per Diem	272.0715	340.0767	2,904,606



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

001071000 - 2014/04

314.87

387.44

Minor South

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.513	160.039	267.552	107.513	247.195	354.708
2. Inflate Line 1 by Inflation Factor 1.02197521	109.876	163.556	273.432	109.876	252.627	362.503
3. Line 1 x 1.400 x Inflation Factor 1.03076529	110.821	164.963	275.784	110.821	254.800	365.621
4. Current Period Cost	92.493	127.988	220.481	92.493	195.993	288.486
5. Incentive Basis (line 3 - line 4)	18.328	36.975		18.328	58.807	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.493	127.988	220.481	92.493	195.993	288.486
7. Incentive Line 5 x Oper 50% Res 50%	9.164	18.488	27.651	9.164	29.404	38.567
8. Incentive - Line 4 x Oper 10% Res 3%	9.249	3.840	13.089	9.249	5.880	15.129
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.164	3.840	13.003	9.164	5.880	15.044
10. Final Incentive	9.164	3.840	13.003	9.164	5.880	15.044
11. Current Period Base: (line 6 + line 10)	101.657	131.827	233.484	101.657	201.873	303.530
12. Plus: Property Rate Component			49.641			49.641
13. Plus: ROE/Use Rate			1.950			1.950
14. Total Current Period Base			285.075			355.120
15. Prospective Rate: Line 11 x Inflation (1.03003731)	104.710	135.787	240.497	104.710	207.936	312.647
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.710	135.787	240.497	104.710	207.936	312.647
19. Property Rate Component			49.641			49.641
20. ROE Component + ROE Interim Component			1.950			1.950
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			292.09			364.24
23. Medicaid Days		1,095			7,665	
24. Resident Days		1,095			7,665	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.68			0.83
29. Add-On (QAF less Rate Cut)			2.49			3.06
30. Final Per Diem After Adjustments			314.87			387.44



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028000300 - 2014/04
RI:288.37 / NM:0.00

Sandy Park Development Center
 2975 Garden Street
 North Ft. Myers FL 33917

Provider Number: 028000300
 Date: 4/17/2014
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>291.93</u>	<u>288.37</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (8)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028000300

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	23,314	0	23,314
2. Operating Expenses Component			
A. Administration			820,152
B. Plant Operation			339,270
C. Laundry			37,843
D. Housekeeping			159,546
E. Operating Expense Component & Per Diem	58.1973	0.0000	1,356,811
3. Resident Care			
A. Dietary			433,109
B. Other			0
C. Nursing			145,147
D. Resident Care & Per Diem	24.8030	0.0000	578,256
4. Prop Exp & Per Diem	12.6776	0.0000	295,565
5. ROE/Use Per Diem	0.0421	0.0000	981
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,657.00		11,657.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,267,972.00		3,267,972.00
5. Direct Care Expense Per Diem	140.1721		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	23,314		23,314
2. Additional Services	319,080		319,080
3. Additional Services Exp & Per Diem	13.6862		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	58.1973		1,356,811
2. Resident Care Component	178.6612		4,165,308
3. Property Cost Component	12.6776		295,565
4. ROE/Use Allow Component	0.0421		981
5 Total Cost Per Diem	249.5782		5,818,665



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028000300 - 2014/04
288.37
0.00

Sandy Park Development Center

Ownership: Private[3]

Incentive Rating: Days Eligible: 183 of 183 Eligibility Factor: 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	61.739	180.666	242.406			
2. Inflate Line 1 by Inflation Factor 1.02197006	63.096	184.636	247.732			
3. Line 1 x 1.400 x Inflation Factor 1.03075808	63.638	186.223	249.862			
4. Current Period Cost	58.197	178.661	236.859			
5. Incentive Basis (line 3 - line 4)	5.441	7.562	12.993	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	58.197	178.661	236.859			
7. Incentive Line 5 x Oper 50% Res 50%	2.721	3.781	6.502	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.820	5.360	11.180	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.721	3.781	6.502	0.000	0.000	0.000
10. Final Incentive	2.721	3.781	6.502	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	60.918	182.442	243.360	0.000	0.000	0.000
12. Plus: Property Rate Component			12.678			0.000
13. Plus: ROE/Use Rate			0.042			0.000
14. Total Current Period Base			256.080			0.000
15. Prospective Rate: Line 11 x Inflation (1.03969820)	63.336	189.685	253.021	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.336	189.685	253.021	0.000	0.000	0.000
19. Property Rate Component			12.678			0.000
20. ROE Component + ROE Interim Component			0.042			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			265.74			0.00
23. Medicaid Days		23,314			0	
24. Resident Days		23,314			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.62			0.00
29. Add-On (QAF less Rate Cut)			2.28			0.00
30. Final Per Diem After Adjustments			288.37			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028018601 - 2014/04
RI:337.93 / NM:436.83

ST PETERSBURG CLUSTER

1101 102nd Avenue North
 St. Petersburg FL 33716

Provider Number: 028018601
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>346.98</u>	<u>337.93</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>442.97</u>	<u>436.83</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028018601

Provider Name: **ST PETERSBURG CLUSTER**
 Provider Number: 28018601
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	623	7,959	8,582
2. Operating Expenses Component			
A. Administration			427,064
B. Plant Operation			218,586
C. Laundry			5,855
D. Housekeeping			49,008
E. Operating Expense Component & Per Diem	81.6258	81.6258	700,513
3. Resident Care			
A. Dietary			150,651
B. Other			123,214
C. Nursing			576,843
D. Resident Care & Per Diem	99.1270	99.1270	850,708
4. Prop Exp & Per Diem	14.2639	14.2639	122,413
5. ROE/Use Per Diem	1.1997	1.1997	10,296
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	311.50	7,959.00	8,270.50
3. Staffing Percent	3.7663986	96.2336014	100.00
4. Allocation of Direct Care	59,046.89	1,508,681.11	1,567,728.00
5. Direct Care Expense Per Diem	94.7783	189.5566	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	623	7,928	8,551
2. Additional Services	7,429	94,546	101,975
3. Additional Services Exp & Per Diem	11.9246	11.9256	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	81.6258	81.6258	700,513
2. Resident Care Component	205.8299	300.6092	2,520,411
3. Property Cost Component	14.2639	14.2639	122,413
4. ROE/Use Allow Component	1.1997	1.1997	10,296
5 Total Cost Per Diem	302.9194	397.6987	3,353,633



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028018601 - 2014/04
337.93
436.83

ST PETERSBURG CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.408	201.975	286.384	84.408	295.576	379.984
2. Inflate Line 1 by Inflation Factor 1.02207977	86.272	206.435	292.707	86.272	302.102	388.374
3. Line 1 x 1.400 x Inflation Factor 1.03091168	87.017	208.219	295.236	87.017	304.713	391.730
4. Current Period Cost	81.626	205.830	287.456	81.626	300.609	382.235
5. Incentive Basis (line 3 - line 4)	5.391	2.389	2.999	5.391	4.104	3.700
6. Allowed Current Period Costs (Min of line 3 or 4)	81.626	205.830	287.456	81.626	300.609	382.235
7. Incentive Line 5 x Oper 50% Res 50%	2.696	1.195	3.890	2.696	2.052	4.748
8. Incentive - Line 4 x Oper 10% Res 3%	8.163	6.175	14.337	8.163	9.018	17.181
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.696	1.195	3.890	2.696	2.052	4.748
10. Final Incentive	2.696	1.195	3.890	2.696	2.052	4.748
11. Current Period Base: (line 6 + line 10)	84.322	207.024	291.346	84.322	302.661	386.983
12. Plus: Property Rate Component			14.264			14.264
13. Plus: ROE/Use Rate			1.200			1.200
14. Total Current Period Base			306.810			402.446
15. Prospective Rate: Line 11 x Inflation (1.02817040)	86.697	212.856	299.553	86.697	311.187	397.884
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	86.697	212.856	299.553	86.697	311.187	397.884
19. Property Rate Component			14.264			14.264
20. ROE Component + ROE Interim Component			1.200			1.200
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			315.02			413.35
23. Medicaid Days		623			7,928	
24. Resident Days		623			7,959	
25. Medicaid Utilization		100.00%			99.61%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.73			0.94
29. Add-On (QAF less Rate Cut)			2.67			3.45
30. Final Per Diem After Adjustments			337.93			436.83



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 Tallahassee, Florida 32308

028019401 - 2014/04
RI:445.94 / NM:558.02

LAUREL HILL CLUSTER
 2011 Laurel Hill Cluster
 Orlando FL 32818

Provider Number: 028019401
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>462.27</u>	<u>445.94</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>587.11</u>	<u>558.02</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Quest South

P.O. Box 1300
Apopka FL 3270400

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028019401

Provider Name: **LAUREL HILL CLUSTER**
 Provider Number: 28019401
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,288	8,288
2. Operating Expenses Component			
A. Administration			627,526
B. Plant Operation			260,647
C. Laundry			50,432
D. Housekeeping			18,684
E. Operating Expense Component & Per Diem	115.5030	115.5030	957,289
3. Resident Care			
A. Dietary			163,870
B. Other			128,546
C. Nursing			965,598
D. Resident Care & Per Diem	151.7874	151.7874	1,258,014
4. Prop Exp & Per Diem	16.3556	16.3556	135,555
5. ROE/Use Per Diem	2.2543	2.2543	18,684
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,288.00	8,288.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,751,933.00	1,751,933.00
5. Direct Care Expense Per Diem	105.6909	211.3819	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,288	8,288
2. Additional Services	0	135,841	135,841
3. Additional Services Exp & Per Diem	16.3901	16.3901	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	115.5030	115.5030	957,289
2. Resident Care Component	273.8684	379.5594	3,145,788
3. Property Cost Component	16.3556	16.3556	135,555
4. ROE/Use Allow Component	2.2543	2.2543	18,684
5 Total Cost Per Diem	407.9814	513.6723	4,257,316



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028019401 - 2014/04
445.94
558.02

LAUREL HILL CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 06/03/2013 - 09/30/2013 Days Eligible: 64 of 183

Eligibility factor :34.97%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	121.136	266.159	387.295	121.136	387.680	508.816
2. Inflate Line 1 by Inflation Factor 1.02197521	123.798	272.008	395.806	123.798	396.200	519.998
3. Line 1 x 1.400 x Inflation Factor 1.03076529	124.863	274.347	399.210	124.863	399.607	524.470
4. Current Period Cost	115.503	273.868	389.371	115.503	379.559	495.062
5. Incentive Basis (line 3 - line 4)	9.360	0.479	9.839	9.360	20.048	29.408
6. Allowed Current Period Costs (Min of line 3 or 4)	115.503	273.868	389.371	115.503	379.559	495.062
7. Incentive Line 5 x Oper 50% Res 50%	4.680	0.239	4.919	4.680	10.024	14.704
8. Incentive - Line 4 x Oper 10% Res 3%	11.550	8.216	19.766	11.550	11.387	22.937
9. Incentive - Min of Line 7,8 x Eligibility factor 34.97%	1.637	0.084	1.720	1.637	3.506	5.142
10. Final Incentive	1.637	0.084	1.720	1.637	3.506	5.142
11. Current Period Base: (line 6 + line 10)	117.140	273.952	391.092	117.140	383.065	500.205
12. Plus: Property Rate Component			16.356			16.356
13. Plus: ROE/Use Rate			2.254			2.254
14. Total Current Period Base			409.702			518.815
15. Prospective Rate: Line 11 x Inflation (1.03003731)	120.658	282.181	402.839	120.658	394.571	515.230
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	120.658	282.181	402.839	120.658	394.571	515.230
19. Property Rate Component			16.356			16.356
20. ROE Component + ROE Interim Component			2.254			2.254
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			421.45			533.84
23. Medicaid Days			0		8,288	
24. Resident Days			0		8,288	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.20
29. Add-On (QAF less Rate Cut)			3.52			4.41
30. Final Per Diem After Adjustments			445.94			558.02



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028020801 - 2014/04
RI:318.37 / NM:422.32

MCCAULEY CLUSTER

1385 McCauley Road
Tallahassee FL 32308

Provider Number: 028020801
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>325.92</u>	<u>318.37</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>427.41</u>	<u>422.32</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis

<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (2)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028020801

Provider Name: **MCCAULEY CLUSTER**
 Provider Number: 28020801
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,535	6,804	8,339
2. Operating Expenses Component			
A. Administration			318,598
B. Plant Operation			243,385
C. Laundry			3,005
D. Housekeeping			28,523
E. Operating Expense Component & Per Diem	71.1729	71.1729	593,511
3. Resident Care			
A. Dietary			123,825
B. Other			119,917
C. Nursing			536,975
D. Resident Care & Per Diem	93.6224	93.6224	780,717
4. Prop Exp & Per Diem	15.4993	15.4993	129,249
5. ROE/Use Per Diem	0.9528	0.9528	7,945
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	767.50	6,804.00	7,571.50
3. Staffing Percent	10.1366968	89.8633032	100.00
4. Allocation of Direct Care	151,983.55	1,347,356.45	1,499,340.00
5. Direct Care Expense Per Diem	99.0121	198.0242	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,535	6,778	8,313
2. Additional Services	6,849	30,237	37,086
3. Additional Services Exp & Per Diem	4.4619	4.4611	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.1729	71.1729	593,511
2. Resident Care Component	197.0964	296.1076	2,317,143
3. Property Cost Component	15.4993	15.4993	129,249
4. ROE/Use Allow Component	0.9528	0.9528	7,945
5 Total Cost Per Diem	284.7214	383.7326	3,047,848



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028020801 - 2014/04
318.37
422.32

MCCAULEY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.270	198.926	267.196	68.270	297.895	366.165
2. Inflate Line 1 by Inflation Factor 1.02207977	69.777	203.318	273.096	69.777	304.472	374.250
3. Line 1 x 1.400 x Inflation Factor 1.03091168	70.380	205.075	275.456	70.380	307.103	377.484
4. Current Period Cost	71.173	197.096	268.269	71.173	296.108	367.281
5. Incentive Basis (line 3 - line 4)	0.000	7.979	7.979	0.000	10.996	10.996
6. Allowed Current Period Costs (Min of line 3 or 4)	70.380	197.096	267.477	70.380	296.108	366.488
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.990	3.990	0.000	5.498	5.498
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.913	5.913	0.000	8.883	8.883
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.990	3.990	0.000	5.498	5.498
10. Final Incentive	0.000	3.990	3.990	0.000	5.498	5.498
11. Current Period Base: (line 6 + line 10)	70.380	201.086	271.466	70.380	301.605	371.986
12. Plus: Property Rate Component			15.499			15.499
13. Plus: ROE/Use Rate			0.953			0.953
14. Total Current Period Base			287.918			388.438
15. Prospective Rate: Line 11 x Inflation (1.02817040)	72.363	206.751	279.114	72.363	310.102	382.465
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.363	206.751	279.114	72.363	310.102	382.465
19. Property Rate Component			15.499			15.499
20. ROE Component + ROE Interim Component			0.953			0.953
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			295.57			398.92
23. Medicaid Days		1,535			6,778	
24. Resident Days		1,535			6,804	
25. Medicaid Utilization		100.00%			99.62%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.68			0.91
29. Add-On (QAF less Rate Cut)			2.52			3.34
30. Final Per Diem After Adjustments			318.37			422.32



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 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028028301 - 2014/04
RI:323.23 / NM:409.14

GREENTREE COURT CLUSTER

2160 Green Tree Court
 Bartow FL 33830

Provider Number: 028028301
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.68</u>	<u>323.23</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>414.31</u>	<u>409.14</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis

<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (14)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028028301

Provider Name: **GREENTREE COURT CLUSTER**
 Provider Number: 28028301
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,752	6,620	8,372
2. Operating Expenses Component			
A. Administration			386,567
B. Plant Operation			136,190
C. Laundry			4,580
D. Housekeeping			36,625
E. Operating Expense Component & Per Diem	67.3629	67.3629	563,962
3. Resident Care			
A. Dietary			134,926
B. Other			152,445
C. Nursing			541,053
D. Resident Care & Per Diem	98.9517	98.9517	828,424
4. Prop Exp & Per Diem	18.4967	18.4967	154,854
5. ROE/Use Per Diem	0.3021	0.3021	2,529
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	876.00	6,620.00	7,496.00
3. Staffing Percent	11.6862327	88.3137673	100.00
4. Allocation of Direct Care	170,779.45	1,290,593.55	1,461,373.00
5. Direct Care Expense Per Diem	97.4769	194.9537	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,752	6,620	8,372
2. Additional Services	24,475	92,478	116,953
3. Additional Services Exp & Per Diem	13.9697	13.9695	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.3629	67.3629	563,962
2. Resident Care Component	210.3983	307.8749	2,406,750
3. Property Cost Component	18.4967	18.4967	154,854
4. ROE/Use Allow Component	0.3021	0.3021	2,529
5 Total Cost Per Diem	296.5600	394.0365	3,128,095



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028028301 - 2014/04
323.23
409.14

GREENTREE COURT CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.982	196.011	269.993	73.982	276.593	350.575
2. Inflate Line 1 by Inflation Factor 1.02207977	75.616	200.339	275.954	75.616	282.700	358.315
3. Line 1 x 1.400 x Inflation Factor 1.03091168	76.269	202.070	278.339	76.269	285.142	361.412
4. Current Period Cost	67.363	210.398	277.761	67.363	307.875	375.238
5. Incentive Basis (line 3 - line 4)	8.906	0.000	8.906	8.906	0.000	8.906
6. Allowed Current Period Costs (Min of line 3 or 4)	67.363	202.070	269.433	67.363	285.142	352.505
7. Incentive Line 5 x Oper 50% Res 50%	4.453	0.000	4.453	4.453	0.000	4.453
8. Incentive - Line 4 x Oper 10% Res 3%	6.736	0.000	6.736	6.736	0.000	6.736
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.453	0.000	4.453	4.453	0.000	4.453
10. Final Incentive	4.453	0.000	4.453	4.453	0.000	4.453
11. Current Period Base: (line 6 + line 10)	71.816	202.070	273.886	71.816	285.142	356.958
12. Plus: Property Rate Component			18.497			18.497
13. Plus: ROE/Use Rate			0.302			0.302
14. Total Current Period Base			292.685			375.757
15. Prospective Rate: Line 11 x Inflation (1.02817040)	73.839	207.762	281.601	73.839	293.175	367.014
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.839	207.762	281.601	73.839	293.175	367.014
19. Property Rate Component			18.497			18.497
20. ROE Component + ROE Interim Component			0.302			0.302
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			300.40			385.81
23. Medicaid Days		1,752			6,620	
24. Resident Days		1,752			6,620	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.70			0.88
29. Add-On (QAF less Rate Cut)			2.55			3.23
30. Final Per Diem After Adjustments			323.23			409.14



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028029101 - 2014/04
RI:358.27 / NM:473.35

MAHAN CLUSTER
 2034 Mahan Drive
 Tallahassee FL 32308

Provider Number: 028029101
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	364.43	358.27	4/1/2014
#8 Non-Ambulatory & #9 Medical	475.14	473.35	4/1/2014

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Cost
 Settlement Based on Costs

Basis

Budget Desk Audited Costs
 Unaudited Costs Desk Audit - Interim Portion
 Field Audited Costs Desk Audit - Prospective Portion
 Field Audit - Interim Portion


 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community

9040 Sunset Drive Suite 70-A
 Miami FL 33173

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Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028029101

Provider Name: **MAHAN CLUSTER**
 Provider Number: 28029101
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,302	4,937	7,239
2. Operating Expenses Component			
A. Administration			351,786
B. Plant Operation			141,215
C. Laundry			6,628
D. Housekeeping			34,318
E. Operating Expense Component & Per Diem	73.7598	73.7598	533,947
3. Resident Care			
A. Dietary			134,701
B. Other			75,669
C. Nursing			544,240
D. Resident Care & Per Diem	104.2423	104.2423	754,610
4. Prop Exp & Per Diem	15.8427	15.8427	114,685
5. ROE/Use Per Diem	1.1152	1.1152	8,073
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,151.00	4,937.00	6,088.00
3. Staffing Percent	18.9060447	81.0939553	100.00
4. Allocation of Direct Care	283,686.71	1,216,821.29	1,500,508.00
5. Direct Care Expense Per Diem	123.2349	246.4698	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,302	4,937	7,239
2. Additional Services	21,622	46,372	67,994
3. Additional Services Exp & Per Diem	9.3927	9.3927	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.7598	73.7598	533,947
2. Resident Care Component	236.8699	360.1048	2,323,112
3. Property Cost Component	15.8427	15.8427	114,685
4. ROE/Use Allow Component	1.1152	1.1152	8,073
5 Total Cost Per Diem	327.5875	450.8225	2,979,817



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028029101 - 2014/04
358.27
473.35

MAHAN CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.162	227.419	301.581	74.162	335.373	409.535
2. Inflate Line 1 by Inflation Factor 1.02207977	75.800	232.440	308.240	75.800	342.778	418.577
3. Line 1 x 1.400 x Inflation Factor 1.03091168	76.455	234.449	310.903	76.455	345.740	422.194
4. Current Period Cost	73.760	236.870	310.630	73.760	360.105	433.865
5. Incentive Basis (line 3 - line 4)	2.695	0.000	2.695	2.695	0.000	2.695
6. Allowed Current Period Costs (Min of line 3 or 4)	73.760	234.449	308.209	73.760	345.740	419.500
7. Incentive Line 5 x Oper 50% Res 50%	1.347	0.000	1.347	1.347	0.000	1.347
8. Incentive - Line 4 x Oper 10% Res 3%	7.376	0.000	7.376	7.376	0.000	7.376
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.347	0.000	1.347	1.347	0.000	1.347
10. Final Incentive	1.347	0.000	1.347	1.347	0.000	1.347
11. Current Period Base: (line 6 + line 10)	75.107	234.449	309.556	75.107	345.740	420.847
12. Plus: Property Rate Component			15.843			15.843
13. Plus: ROE/Use Rate			1.115			1.115
14. Total Current Period Base			326.514			437.805
15. Prospective Rate: Line 11 x Inflation (1.02817040)	77.223	241.053	318.276	77.223	355.480	432.702
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.223	241.053	318.276	77.223	355.480	432.702
19. Property Rate Component			15.843			15.843
20. ROE Component + ROE Interim Component			1.115			1.115
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			335.23			449.66
23. Medicaid Days		2,302			4,937	
24. Resident Days		2,302			4,937	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.77			1.02
29. Add-On (QAF less Rate Cut)			2.83			3.74
30. Final Per Diem After Adjustments			358.27			473.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028030501 - 2014/04
RI:241.11 / NM:293.13

LAKE CITY CLUSTER
 673 N. W. Cluster Drive
 Lake City FL 32055

Provider Number: 028030501
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	247.07	241.11	4/1/2014
#8 Non-Ambulatory & #9 Medical	301.04	293.13	4/1/2014

Rate Type:

<u> </u> Interim	<u>X</u>	Prospective	
<u> </u> Total Interim		<u> </u> X Total Prospective	
<u> </u> Interim Component		<u> </u> Prospective Adjusted for New Cost	
<u> </u> Settlement Based on Costs			

Basis

<u> </u> Budget		Desk Audited Costs	
<u>X</u> Unaudited Costs		<u> </u> Desk Audit - Interim Portion	
<u> </u> Field Audited Costs		<u> </u> Desk Audit - Prospective Portion	
<u> </u> Field Audit - Interim Portion			

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028030501

Provider Name: **LAKE CITY CLUSTER**
 Provider Number: 28030501
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,403	8,403
2. Operating Expenses Component			
A. Administration			374,543
B. Plant Operation			147,699
C. Laundry			57,238
D. Housekeeping			19,155
E. Operating Expense Component & Per Diem	71.2406	71.2406	598,635
3. Resident Care			
A. Dietary			148,280
B. Other			0
C. Nursing			309,231
D. Resident Care & Per Diem	54.4462	54.4462	457,511
4. Prop Exp & Per Diem	7.2127	7.2127	60,608
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,403.00	8,403.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	810,943.00	810,943.00
5. Direct Care Expense Per Diem	48.2532	96.5064	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,403	8,403
2. Additional Services	0	236,331	236,331
3. Additional Services Exp & Per Diem	28.1246	28.1246	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.2406	71.2406	598,635
2. Resident Care Component	130.8239	179.0771	1,504,785
3. Property Cost Component	7.2127	7.2127	60,608
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	209.2772	257.5304	2,164,028



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028030501 - 2014/04
241.11
293.13

LAKE CITY CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 02/18/2013 - 04/26/2013 Days Eligible: 158 of 183

Eligibility factor :86.34%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.565	131.592	203.157	71.565	184.207	255.771
2. Inflate Line 1 by Inflation Factor 1.02207977	73.145	134.497	207.642	73.145	188.274	261.419
3. Line 1 x 1.400 x Inflation Factor 1.03091168	73.777	135.660	209.436	73.777	189.901	263.678
4. Current Period Cost	71.241	130.824	202.065	71.241	179.077	250.318
5. Incentive Basis (line 3 - line 4)	2.536	4.836		2.536	10.824	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.241	130.824	202.065	71.241	179.077	250.318
7. Incentive Line 5 x Oper 50% Res 50%	1.268	2.418	3.686	1.268	5.412	6.680
8. Incentive - Line 4 x Oper 10% Res 3%	7.124	3.925	11.049	7.124	5.372	12.496
9. Incentive - Min of Line 7,8 x Eligibility factor 86.34%	1.095	2.088	3.182	1.095	4.638	5.733
10. Final Incentive	1.095	2.088	3.182	1.095	4.638	5.733
11. Current Period Base: (line 6 + line 10)	72.335	132.911	205.247	72.335	183.716	256.051
12. Plus: Property Rate Component			7.213			7.213
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			212.460			263.264
15. Prospective Rate: Line 11 x Inflation (1.02817040)	74.373	136.656	211.029	74.373	188.891	263.264
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.373	136.656	211.029	74.373	188.891	263.264
19. Property Rate Component			7.213			7.213
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			218.24			270.48
23. Medicaid Days			0			8,403
24. Resident Days			0			8,403
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			0.63
29. Add-On (QAF less Rate Cut)			1.90			2.32
30. Final Per Diem After Adjustments			241.11			293.13



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028031301 - 2014/04
RI:338.42 / NM:433.27

BAYSHORE CLUSTER
2059 Lisenby Avenue
Panama City FL 32405

Provider Number: 028031301
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>372.20</u>	<u>338.42</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>468.42</u>	<u>433.27</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:
Contract Management
DPODS - DCF (2)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028031301

Provider Name: **BAYSHORE CLUSTER**
 Provider Number: 28031301
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	365	7,517	7,882
2. Operating Expenses Component			
A. Administration			332,069
B. Plant Operation			157,158
C. Laundry			6,904
D. Housekeeping			20,032
E. Operating Expense Component & Per Diem	65.4863	65.4863	516,163
3. Resident Care			
A. Dietary			160,810
B. Other			201,165
C. Nursing			505,015
D. Resident Care & Per Diem	109.9962	109.9962	866,990
4. Prop Exp & Per Diem	17.2299	17.2299	135,806
5. ROE/Use Per Diem	0.9791	0.9791	7,717
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	7,517.00	7,699.50
3. Staffing Percent	2.3702838	97.6297162	100.00
4. Allocation of Direct Care	32,501.19	1,338,692.81	1,371,194.00
5. Direct Care Expense Per Diem	89.0444	178.0887	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	7,517	7,882
2. Additional Services	4,614	95,040	99,654
3. Additional Services Exp & Per Diem	12.6411	12.6433	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	65.4863	65.4863	516,163
2. Resident Care Component	211.6816	300.7282	2,337,838
3. Property Cost Component	17.2299	17.2299	135,806
4. ROE/Use Allow Component	0.9791	0.9791	7,717
5 Total Cost Per Diem	295.3769	384.4235	2,997,524



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028031301 - 2014/04
338.42
433.27

BAYSHORE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.449	231.215	305.664	74.449	325.049	399.498
2. Inflate Line 1 by Inflation Factor 1.02207977	76.093	236.321	312.413	76.093	332.226	408.318
3. Line 1 x 1.400 x Inflation Factor 1.03091168	76.750	238.363	315.113	76.750	335.096	411.847
4. Current Period Cost	65.486	211.682	277.168	65.486	300.728	366.215
5. Incentive Basis (line 3 - line 4)	11.264	26.681	15.417	11.264	34.368	23.104
6. Allowed Current Period Costs (Min of line 3 or 4)	65.486	211.682	277.168	65.486	300.728	366.215
7. Incentive Line 5 x Oper 50% Res 50%	5.632	13.340	18.972	5.632	17.184	22.816
8. Incentive - Line 4 x Oper 10% Res 3%	6.549	6.350	12.899	6.549	9.022	15.570
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.632	6.350	11.982	5.632	9.022	14.654
10. Final Incentive	5.632	6.350	11.982	5.632	9.022	14.654
11. Current Period Base: (line 6 + line 10)	71.118	218.032	289.150	71.118	309.750	380.868
12. Plus: Property Rate Component			17.230			17.230
13. Plus: ROE/Use Rate			0.979			0.979
14. Total Current Period Base			307.359			399.077
15. Prospective Rate: Line 11 x Inflation (1.02817040)	73.122	224.174	297.296	73.122	318.476	391.598
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.122	224.174	297.296	73.122	318.476	391.598
19. Property Rate Component			17.230			17.230
20. ROE Component + ROE Interim Component			0.979			0.979
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			315.50			409.81
23. Medicaid Days			365			7,517
24. Resident Days			365			7,517
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.73			0.93
29. Add-On (QAF less Rate Cut)			2.67			3.42
30. Final Per Diem After Adjustments			338.42			433.27



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028032101 - 2014/04
RI:253.50 / NM:305.76

GAINESVILLE 39TH AVE CLUSTER
5915 N.W. 39th Avenue
Gainesville FL 32606

Provider Number: 028032101
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.30</u>	<u>253.50</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>314.39</u>	<u>305.76</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/>	Interim	<input checked="" type="checkbox"/>	Prospective
<input type="checkbox"/>	Total Interim	<input checked="" type="checkbox"/>	Total Prospective
<input type="checkbox"/>	Interim Component	<input type="checkbox"/>	Prospective Adjusted for New Cost
<input type="checkbox"/>	Settlement Based on Costs		

Basis

<input type="checkbox"/>	Budget	<input type="checkbox"/>	Desk Audited Costs
<input checked="" type="checkbox"/>	Unaudited Costs	<input type="checkbox"/>	Desk Audit - Interim Portion
<input type="checkbox"/>	Field Audited Costs	<input type="checkbox"/>	Desk Audit - Prospective Portion
<input type="checkbox"/>	Field Audit - Interim Portion		

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Medicaid Cost Reimbursement Analysis

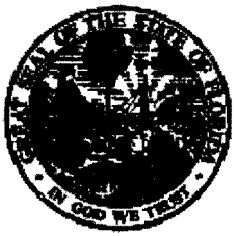
Distribution:

Contract Management
DPODS - DCF (3)
Home Office:
Res-Care, Inc.

10140 Linn Station Road

Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028032101

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**
 Provider Number: 28032101
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,508	8,508
2. Operating Expenses Component			
A. Administration			387,834
B. Plant Operation			144,858
C. Laundry			3,709
D. Housekeeping			15,377
E. Operating Expense Component & Per Diem	64.8540	64.8540	551,778
3. Resident Care			
A. Dietary			154,449
B. Other			0
C. Nursing			469,106
D. Resident Care & Per Diem	73.2904	73.2904	623,555
4. Prop Exp & Per Diem	9.7457	9.7457	82,916
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,508.00	8,508.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	829,318.00	829,318.00
5. Direct Care Expense Per Diem	48.7375	97.4751	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,508	8,508
2. Additional Services	0	189,768	189,768
3. Additional Services Exp & Per Diem	22.3047	22.3047	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	64.8540	64.8540	551,778
2. Resident Care Component	144.3326	193.0702	1,642,641
3. Property Cost Component	9.7457	9.7457	82,916
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	218.9323	267.6698	2,277,335



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028032101 - 2014/04
253.50
305.76

GAINESVILLE 39TH AVE CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.319	143.370	213.689	70.319	195.137	265.456
2. Inflate Line 1 by Inflation Factor 1.02207977	71.871	146.536	218.407	71.871	199.446	271.317
3. Line 1 x 1.400 x Inflation Factor 1.03091168	72.492	147.802	220.295	72.492	201.169	273.662
4. Current Period Cost	64.854	144.333	209.187	64.854	193.070	257.924
5. Incentive Basis (line 3 - line 4)	7.638	3.470	11.108	7.638	8.099	15.737
6. Allowed Current Period Costs (Min of line 3 or 4)	64.854	144.333	209.187	64.854	193.070	257.924
7. Incentive Line 5 x Oper 50% Res 50%	3.819	1.735	5.554	3.819	4.050	7.869
8. Incentive - Line 4 x Oper 10% Res 3%	6.485	4.330	10.815	6.485	5.792	12.278
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.819	1.735	5.554	3.819	4.050	7.869
10. Final Incentive	3.819	1.735	5.554	3.819	4.050	7.869
11. Current Period Base: (line 6 + line 10)	68.673	146.067	214.741	68.673	197.120	265.793
12. Plus: Property Rate Component			9.746			9.746
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.486			275.539
15. Prospective Rate: Line 11 x Inflation (1.02817040)	70.608	150.182	220.790	70.608	202.673	273.281
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.608	150.182	220.790	70.608	202.673	273.281
19. Property Rate Component			9.746			9.746
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			230.54			283.03
23. Medicaid Days			0		8,508	
24. Resident Days			0		8,508	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			0.66
29. Add-On (QAF less Rate Cut)			2.00			2.42
30. Final Per Diem After Adjustments			253.50			305.76



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028035600 - 2014/04
RI:301.78 / NM:466.14

PARC CENTER APARTMENTS

3190 75th Street North
 St. Petersburg FL 33170

Provider Number: 028035600
 Date: 4/17/2014
 FYE: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>314.02</u>	<u>301.78</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>474.91</u>	<u>466.14</u>	<u>4/1/2014</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Cost
 Settlement Based on Costs

Basis

Budget Desk Audited Costs
 Unaudited Costs Desk Audit - Interim Portion
 Field Audited Costs Desk Audit - Prospective Portion
 Field Audit - Interim Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028035600

Provider Name: **PARC CENTER APARTMENTS**
 Provider Number: 28035600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 10/01/2012 - 09/30/2013
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	12,004	5,419	17,423
2. Operating Expenses Component			
A. Administration			706,681
B. Plant Operation			169,669
C. Laundry			14,618
D. Housekeeping			45,482
E. Operating Expense Component & Per Diem	53,7479	53,7479	936,450
3. Resident Care			
A. Dietary			235,305
B. Other			0
C. Nursing			331,742
D. Resident Care & Per Diem	32,5459	32,5459	567,047
4. Prop Exp & Per Diem	11,5992	11,5992	202,092
5. ROE/Use Per Diem	0,9090	0,9090	15,837
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,002.00	5,419.00	11,421.00
3. Staffing Percent	52.5523159	47.4476841	100.00
4. Allocation of Direct Care	1,868,785.58	1,687,262.42	3,556,048.00
5. Direct Care Expense Per Diem	155.6802	311.3605	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	12,004	5,419	17,423
2. Additional Services	119,050	53,743	172,793
3. Additional Services Exp & Per Diem	9.9175	9.9175	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	53,7479	53,7479	936,450
2. Resident Care Component	198,1437	353,8239	4,295,888
3. Property Cost Component	11,5992	11,5992	202,092
4. ROE/Use Allow Component	0,9090	0,9090	15,837
5 Total Cost Per Diem	264,3997	420,0799	5,450,267



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028035600 - 2014/04
301.78
466.14

PARC CENTER APARTMENTS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited [3]	201310
Prior Cost Report	10/1/2011	9/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.398	205.006	262.403	57.398	362.703	420.101
2. Inflate Line 1 by Inflation Factor 1.02185557	58.652	209.486	268.138	58.652	370.631	429.283
3. Line 1 x 1.400 x Inflation Factor 1.03059780	59.154	211.278	270.432	59.154	373.801	432.955
4. Current Period Cost	53.748	198.144	251.892	53.748	353.824	407.572
5. Incentive Basis (line 3 - line 4)	5.406	13.135	18.541	5.406	19.978	25.384
6. Allowed Current Period Costs (Min of line 3 or 4)	53.748	198.144	251.892	53.748	353.824	407.572
7. Incentive Line 5 x Oper 50% Res 50%	2.703	6.567	9.270	2.703	9.989	12.692
8. Incentive - Line 4 x Oper 10% Res 3%	5.375	5.944	11.319	5.375	10.615	15.990
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.703	5.944	8.647	2.703	9.989	12.692
10. Final Incentive	2.703	5.944	8.647	2.703	9.989	12.692
11. Current Period Base: (line 6 + line 10)	56.451	204.088	260.539	56.451	363.813	420.264
12. Plus: Property Rate Component			11.599			11.599
13. Plus: ROE/Use Rate			0.909			0.909
14. Total Current Period Base			273.047			432.772
15. Prospective Rate: Line 11 x Inflation (1.02312015)	57.756	208.806	266.563	57.756	372.224	429.980
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.756	208.806	266.563	57.756	372.224	429.980
19. Property Rate Component			11.599			11.599
20. ROE Component + ROE Interim Component			0.909			0.909
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			279.07			442.49
23. Medicaid Days		12,004			5,419	
24. Resident Days		12,004			5,419	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.65			1.00
29. Add-On (QAF less Rate Cut)			2.38			3.68
30. Final Per Diem After Adjustments			301.78			466.14



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028036401 - 2014/04
RI:453.92 / NM:570.98

SKIPPER ROAD CLUSTER

2611 E. Bearss Avenue
 Tampa FL 33613

Provider Number: 028036401
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>457.97</u>	<u>453.92</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>571.52</u>	<u>570.98</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

P.O. Box 1300
Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028036401

Provider Name: **SKIPPER ROAD CLUSTER**
 Provider Number: 28036401
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,357	8,357
2. Operating Expenses Component			
A. Administration			714,254
B. Plant Operation			200,543
C. Laundry			39,339
D. Housekeeping			33,204
E. Operating Expense Component & Per Diem	118.1453	118.1453	987,340
3. Resident Care			
A. Dietary			179,592
B. Other			174,852
C. Nursing			1,266,611
D. Resident Care & Per Diem	193.9757	193.9757	1,621,055
4. Prop Exp & Per Diem	21.4867	21.4867	179,564
5. ROE/Use Per Diem	2.2234	2.2234	18,581
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,357.00	8,357.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,538,834.00	1,538,834.00
5. Direct Care Expense Per Diem	92.0686	184.1371	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,357	8,357
2. Additional Services	0	138,917	138,917
3. Additional Services Exp & Per Diem	16.6228	16.6228	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	118.1453	118.1453	987,340
2. Resident Care Component	302.6671	394.7357	3,298,806
3. Property Cost Component	21.4867	21.4867	179,564
4. ROE/Use Allow Component	2.2234	2.2234	18,581
5 Total Cost Per Diem	444.5224	536.5910	4,484,291



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028036401 - 2014/04
453.92
570.98

SKIPPER ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	112.273	269.800	382.073	112.273	380.332	492.605
2. Inflate Line 1 by Inflation Factor 1.02197521	114.740	275.729	390.469	114.740	388.690	503.430
3. Line 1 x 1.400 x Inflation Factor 1.03076529	115.727	278.101	393.828	115.727	392.033	507.760
4. Current Period Cost	118.145	302.667	420.812	118.145	394.736	512.881
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	115.727	278.101	393.828	115.727	392.033	507.760
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	115.727	278.101	393.828	115.727	392.033	507.760
12. Plus: Property Rate Component			21.487			21.487
13. Plus: ROE/Use Rate			2.223			2.223
14. Total Current Period Base			417.538			531.470
15. Prospective Rate: Line 11 x Inflation (1.03003731)	119.203	286.454	405.657	119.203	403.809	523.012
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	119.203	286.454	405.657	119.203	403.809	523.012
19. Property Rate Component			21.487			21.487
20. ROE Component + ROE Interim Component			2.223			2.223
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			429.37			546.72
23. Medicaid Days			0		8,357	
24. Resident Days			0		8,357	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.23
29. Add-On (QAF less Rate Cut)			3.58			4.51
30. Final Per Diem After Adjustments			453.92			570.98



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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028037201 - 2014/04
RI:286.38 / NM:358.31

PEMBROKE PINES CLUSTER

871 S.W. Douglas Road
 Pembroke Pines FL 33025

Provider Number: 028037201
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>313.88</u>	<u>286.38</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>394.57</u>	<u>358.31</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 ANN STORCK CENTER

1790 SW 43RD WAY
FT. LAUDERDALE FL 33317

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028037201

Provider Name: **PEMBROKE PINES CLUSTER**
 Provider Number: 28037201
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,734	8,734
2. Operating Expenses Component			
A. Administration			401,853
B. Plant Operation			188,024
C. Laundry			9,828
D. Housekeeping			70,258
E. Operating Expense Component & Per Diem	76.7075	76.7075	669,963
3. Resident Care			
A. Dietary			106,428
B. Other			0
C. Nursing			590,397
D. Resident Care & Per Diem	79.7830	79.7830	696,825
4. Prop Exp & Per Diem	9.4266	9.4266	82,332
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,734.00	8,734.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,189,744.00	1,189,744.00
5. Direct Care Expense Per Diem	68.1099	136.2198	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,734	8,734
2. Additional Services	0	202,184	202,184
3. Additional Services Exp & Per Diem	23.1491	23.1491	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.7075	76.7075	669,963
2. Resident Care Component	171.0420	239.1519	2,088,753
3. Property Cost Component	9.4266	9.4266	82,332
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	257.1761	325.2860	2,841,048



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028037201 - 2014/04
286.38
358.31

PEMBROKE PINES CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.484	193.007	261.491	68.484	271.687	340.171
2. Inflate Line 1 by Inflation Factor 1.02207977	69.996	197.269	267.265	69.996	277.686	347.682
3. Line 1 x 1.400 x Inflation Factor 1.03091168	70.601	198.973	269.574	70.601	280.085	350.686
4. Current Period Cost	76.707	171.042	247.749	76.707	239.152	315.859
5. Incentive Basis (line 3 - line 4)	0.000	27.931	27.931	0.000	40.933	40.933
6. Allowed Current Period Costs (Min of line 3 or 4)	70.601	171.042	241.643	70.601	239.152	309.753
7. Incentive Line 5 x Oper 50% Res 50%	0.000	13.966	13.966	0.000	20.467	20.467
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.131	5.131	0.000	7.175	7.175
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.131	5.131	0.000	7.175	7.175
10. Final Incentive	0.000	5.131	5.131	0.000	7.175	7.175
11. Current Period Base: (line 6 + line 10)	70.601	176.173	246.774	70.601	246.326	316.928
12. Plus: Property Rate Component			9.427			9.427
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.201			326.354
15. Prospective Rate: Line 11 x Inflation (1.02817040)	72.590	181.136	253.726	72.590	253.266	325.856
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.590	181.136	253.726	72.590	253.266	325.856
19. Property Rate Component			9.427			9.427
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	263.15			335.28		
23. Medicaid Days	0			8,734		
24. Resident Days	0			8,734		
25. Medicaid Utilization	NA			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.00			0.77		
29. Add-On (QAF less Rate Cut)	2.26			2.83		
30. Final Per Diem After Adjustments	286.38			358.31		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028038101 - 2014/04
RI:236.05 / NM:285.67

OCALA CLUSTER
 3205 S. E. 17th Street
 Ocala FL 32671

Provider Number: 028038101
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.58</u>	<u>236.05</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>295.78</u>	<u>285.67</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028038101

Provider Name: **OCALA CLUSTER**
 Provider Number: 28038101
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,612	8,612
2. Operating Expenses Component			
A. Administration			379,440
B. Plant Operation			160,123
C. Laundry			46,855
D. Housekeeping			20,020
E. Operating Expense Component & Per Diem	70.4178	70.4178	606,438
3. Resident Care			
A. Dietary			139,725
B. Other			0
C. Nursing			288,584
D. Resident Care & Per Diem	49.7340	49.7340	428,309
4. Prop Exp & Per Diem	8.8295	8.8295	76,040
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,612.00	8,612.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	810,472.00	810,472.00
5. Direct Care Expense Per Diem	47.0548	94.1096	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,612	8,612
2. Additional Services	0	215,065	215,065
3. Additional Services Exp & Per Diem	24.9727	24.9727	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.4178	70.4178	606,438
2. Resident Care Component	121.7615	168.8163	1,453,846
3. Property Cost Component	8.8295	8.8295	76,040
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	201.0088	248.0636	2,136,324



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028038101 - 2014/04
236.05
285.67

OCALA CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.049	126.818	200.866	74.049	175.768	249.817
2. Inflate Line 1 by Inflation Factor 1.02207977	75.684	129.618	205.301	75.684	179.649	255.333
3. Line 1 x 1.400 x Inflation Factor 1.03091168	76.338	130.738	207.075	76.338	181.202	257.539
4. Current Period Cost	70.418	121.761	192.179	70.418	168.816	239.234
5. Incentive Basis (line 3 - line 4)	5.920	8.976	14.896	5.920	12.385	18.305
6. Allowed Current Period Costs (Min of line 3 or 4)	70.418	121.761	192.179	70.418	168.816	239.234
7. Incentive Line 5 x Oper 50% Res 50%	2.960	4.488	7.448	2.960	6.193	9.153
8. Incentive - Line 4 x Oper 10% Res 3%	7.042	3.653	10.695	7.042	5.064	12.106
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.960	3.653	6.613	2.960	5.064	8.024
10. Final Incentive	2.960	3.653	6.613	2.960	5.064	8.024
11. Current Period Base: (line 6 + line 10)	73.378	125.414	198.792	73.378	173.881	247.258
12. Plus: Property Rate Component			8.830			8.830
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			207.622			256.088
15. Prospective Rate: Line 11 x Inflation (1.02817040)	75.445	128.947	204.392	75.445	178.779	254.224
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.445	128.947	204.392	75.445	178.779	254.224
19. Property Rate Component			8.830			8.830
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			213.22			263.05
23. Medicaid Days			0		8,612	
24. Resident Days			0		8,612	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			0.61
29. Add-On (QAF less Rate Cut)			1.86			2.26
30. Final Per Diem After Adjustments			236.05			285.67



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028040201 - 2014/04
RI:444.09 / NM:573.68

WILLIAMS ROAD CLUSTER

1923 Sarah Louise Drive
 Brandon FL 33510

Provider Number: 028040201
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>452.34</u>	<u>444.09</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>577.02</u>	<u>573.68</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Quest Inc

P.O. Box 1300
Apopka FL 327041300

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028040201

Provider Name: **WILLIAMS ROAD CLUSTER**
 Provider Number: 28040201
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	365	8,093	8,458
2. Operating Expenses Component			
A. Administration			727,601
B. Plant Operation			180,937
C. Laundry			41,493
D. Housekeeping			35,815
E. Operating Expense Component & Per Diem	116.5578	116.5578	985,846
3. Resident Care			
A. Dietary			125,464
B. Other			199,323
C. Nursing			1,240,148
D. Resident Care & Per Diem	185.0242	185.0242	1,564,935
4. Prop Exp & Per Diem	14.9408	14.9408	126,369
5. ROE/Use Per Diem	1.9541	1.9541	16,528
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	8,093.00	8,275.50
3. Staffing Percent	2.2053048	97.7946952	100.00
4. Allocation of Direct Care	37,342.14	1,655,944.86	1,693,287.00
5. Direct Care Expense Per Diem	102.3072	204.6145	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	8,093	8,458
2. Additional Services	6,589	146,096	152,685
3. Additional Services Exp & Per Diem	18.0521	18.0521	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	116.5578	116.5578	985,846
2. Resident Care Component	305.3835	407.6908	3,410,907
3. Property Cost Component	14.9408	14.9408	126,369
4. ROE/Use Allow Component	1.9541	1.9541	16,528
5 Total Cost Per Diem	438.8362	541.1436	4,539,650



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028040201 - 2014/04
444.09
573.68

WILLIAMS ROAD CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	108.038	272.161	380.199	108.038	393.522	501.560
2. Inflate Line 1 by Inflation Factor 1.02197521	110.412	278.142	388.554	110.412	402.170	512.581
3. Line 1 x 1.400 x Inflation Factor 1.03076529	111.361	280.535	391.896	111.361	405.629	516.990
4. Current Period Cost	116.558	305.384	421.941	116.558	407.691	524.249
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	111.361	280.535	391.896	111.361	405.629	516.990
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	111.361	280.535	391.896	111.361	405.629	516.990
12. Plus: Property Rate Component			14.941			14.941
13. Plus: ROE/Use Rate			1.954			1.954
14. Total Current Period Base			408.791			533.885
15. Prospective Rate: Line 11 x Inflation (1.03003731)	114.706	288.961	403.668	114.706	417.813	532.519
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.706	288.961	403.668	114.706	417.813	532.519
19. Property Rate Component			14.941			14.941
20. ROE Component + ROE Interim Component			1.954			1.954
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	420.56			549.41		
23. Medicaid Days	365			8,093		
24. Resident Days	365			8,093		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.96			1.23		
29. Add-On (QAF less Rate Cut)	3.51			4.53		
30. Final Per Diem After Adjustments	444.09			573.68		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028041101 - 2014/04
RI:376.28 / NM:467.86

MCP 80th Street
 11750 S.W. 80th Street
 Miami FL 33183

Provider Number: 028041101
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>383.23</u>	<u>376.28</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>473.38</u>	<u>467.86</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue
Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028041101

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,500	8,500
2. Operating Expenses Component			
A. Administration			360,138
B. Plant Operation			299,777
C. Laundry			36,594
D. Housekeeping			38,581
E. Operating Expense Component & Per Diem	86.4812	86.4812	735,090
3. Resident Care			
A. Dietary			159,273
B. Other			0
C. Nursing			784,787
D. Resident Care & Per Diem	111.0659	111.0659	944,060
4. Prop Exp & Per Diem	41.4709	41.4709	352,503
5. ROE/Use Per Diem	1.3786	1.3786	11,718
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,500.00	8,500.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,491,525.00	1,491,525.00
5. Direct Care Expense Per Diem	87.7368	175.4735	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,500	8,500
2. Additional Services	0	96,107	96,107
3. Additional Services Exp & Per Diem	11.3067	11.3067	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	86.4812	86.4812	735,090
2. Resident Care Component	210.1094	297.8461	2,531,692
3. Property Cost Component	41.4709	41.4709	352,503
4. ROE/Use Allow Component	1.3786	1.3786	11,718
5 Total Cost Per Diem	339.4401	427.1768	3,631,003



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028041101 - 2014/04
376.28
467.86

MCP 80th Street

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.952	209.323	296.276	86.952	297.542	384.494
2. Inflate Line 1 by Inflation Factor 1.02207977	88.872	213.945	302.817	88.872	304.112	392.984
3. Line 1 x 1.400 x Inflation Factor 1.03091168	89.640	215.794	305.434	89.640	306.740	396.380
4. Current Period Cost	86.481	210.109	296.591	86.481	297.846	384.327
5. Incentive Basis (line 3 - line 4)	3.159	5.684		3.159	8.893	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.481	210.109	296.591	86.481	297.846	384.327
7. Incentive Line 5 x Oper 50% Res 50%	1.579	2.842	4.422	1.579	4.447	6.026
8. Incentive - Line 4 x Oper 10% Res 3%	8.648	6.303	14.951	8.648	8.935	17.584
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.579	2.842	4.422	1.579	4.447	6.026
10. Final Incentive	1.579	2.842	4.422	1.579	4.447	6.026
11. Current Period Base: (line 6 + line 10)	88.061	212.952	301.012	88.061	302.293	390.353
12. Plus: Property Rate Component			41.471			41.471
13. Plus: ROE/Use Rate			1.379			1.379
14. Total Current Period Base			343.862			433.203
15. Prospective Rate: Line 11 x Inflation (1.02817040)	90.541	218.951	309.492	90.541	310.809	401.350
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.541	218.951	309.492	90.541	310.809	401.350
19. Property Rate Component			41.471			41.471
20. ROE Component + ROE Interim Component			1.379			1.379
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			352.34			444.20
23. Medicaid Days			0			8,500
24. Resident Days			0			8,500
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.01
29. Add-On (QAF less Rate Cut)			2.97			3.70
30. Final Per Diem After Adjustments			376.28			467.86



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028045301 - 2014/04
RI:399.81 / NM:489.84

MCP Braddock
 14400 SW 32nd Street
 Miami, FL 33175

Provider Number: 028045301
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>410.03</u>	<u>399.81</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>499.37</u>	<u>489.84</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP of Miami

1411 N.W. 14th Avenue

Miami, FL

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028045301

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,445	8,445
2. Operating Expenses Component			
A. Administration			371,782
B. Plant Operation			314,663
C. Laundry			35,334
D. Housekeeping			29,282
E. Operating Expense Component & Per Diem	88.9356	88.9356	751,061
3. Resident Care			
A. Dietary			136,536
B. Other			0
C. Nursing			986,516
D. Resident Care & Per Diem	132.9843	132.9843	1,123,052
4. Prop Exp & Per Diem	41.4358	41.4358	349,925
5. ROE/Use Per Diem	1.0972	1.0972	9,266
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,445.00	8,445.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,459,282.00	1,459,282.00
5. Direct Care Expense Per Diem	86.3992	172.7983	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,445	8,445
2. Additional Services	0	96,103	96,103
3. Additional Services Exp & Per Diem	11.3799	11.3799	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	88.9356	88.9356	751,061
2. Resident Care Component	230.7633	317.1625	2,678,437
3. Property Cost Component	41.4358	41.4358	349,925
4. ROE/Use Allow Component	1.0972	1.0972	9,266
5 Total Cost Per Diem	362.2319	448.6310	3,788,689



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028045301 - 2014/04
399.81
489.84

MCP Braddock

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.922	234.926	319.848	84.922	321.624	406.546
2. Inflate Line 1 by Inflation Factor 1.02207977	86.797	240.114	326.911	86.797	328.725	415.522
3. Line 1 x 1.400 x Inflation Factor 1.03091168	87.547	242.188	329.736	87.547	331.566	419.113
4. Current Period Cost	88.936	230.763	319.699	88.936	317.162	406.098
5. Incentive Basis (line 3 - line 4)	0.000	11.425	11.425	0.000	14.404	14.404
6. Allowed Current Period Costs (Min of line 3 or 4)	87.547	230.763	318.310	87.547	317.162	404.710
7. Incentive Line 5 x Oper 50% Res 50%	0.000	5.713	5.713	0.000	7.202	7.202
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.923	6.923	0.000	9.515	9.515
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.713	5.713	0.000	7.202	7.202
10. Final Incentive	0.000	5.713	5.713	0.000	7.202	7.202
11. Current Period Base: (line 6 + line 10)	87.547	236.476	324.023	87.547	324.364	411.911
12. Plus: Property Rate Component			41.436			41.436
13. Plus: ROE/Use Rate			1.097			1.097
14. Total Current Period Base			366.556			454.444
15. Prospective Rate: Line 11 x Inflation (1.02817040)	90.013	243.138	333.151	90.013	333.502	423.515
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.013	243.138	333.151	90.013	333.502	423.515
19. Property Rate Component			41.436			41.436
20. ROE Component + ROE Interim Component			1.097			1.097
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			375.68			466.05
23. Medicaid Days			0		8,445	
24. Resident Days			0		8,445	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.05
29. Add-On (QAF less Rate Cut)			3.15			3.87
30. Final Per Diem After Adjustments			399.81			489.84



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028046101 - 2014/04
RI:395.87 / NM:487.21

MCP 2nd Street
 11801 NW Second Street
 Miami, Fl. FL 33182

Provider Number: 028046101
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>404.11</u>	<u>395.87</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>495.65</u>	<u>487.21</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

1411 N.W. 14th Avenue
Miami FL 33125

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028046101

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,440	8,440
2. Operating Expenses Component			
A. Administration			364,635
B. Plant Operation			292,582
C. Laundry			37,911
D. Housekeeping			33,371
E. Operating Expense Component & Per Diem	86.3150	86.3150	728,499
3. Resident Care			
A. Dietary			158,555
B. Other			0
C. Nursing			969,881
D. Resident Care & Per Diem	133.7009	133.7009	1,128,436
4. Prop Exp & Per Diem	40.7495	40.7495	343,926
5. ROE/Use Per Diem	1.2988	1.2988	10,962
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,440.00	8,440.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,456,155.00	1,456,155.00
5. Direct Care Expense Per Diem	86.2651	172.5302	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,440	8,440
2. Additional Services	0	81,304	81,304
3. Additional Services Exp & Per Diem	9.6332	9.6332	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	86.3150	86.3150	728,499
2. Resident Care Component	229.5992	315.8643	2,665,895
3. Property Cost Component	40.7495	40.7495	343,926
4. ROE/Use Allow Component	1.2988	1.2988	10,962
5 Total Cost Per Diem	357.9626	444.2277	3,749,282



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028046101 - 2014/04
395.87
487.21

MCP 2nd Street

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.558	230.155	315.712	85.558	319.422	404.979
2. Inflate Line 1 by Inflation Factor 1.02207977	87.447	235.237	322.683	87.447	326.475	413.921
3. Line 1 x 1.400 x Inflation Factor 1.03091168	88.202	237.269	325.472	88.202	329.296	417.498
4. Current Period Cost	86.315	229.599	315.914	86.315	315.864	402.179
5. Incentive Basis (line 3 - line 4)	1.887	7.670	9.557	1.887	13.431	15.318
6. Allowed Current Period Costs (Min of line 3 or 4)	86.315	229.599	315.914	86.315	315.864	402.179
7. Incentive Line 5 x Oper 50% Res 50%	0.944	3.835	4.779	0.944	6.716	7.659
8. Incentive - Line 4 x Oper 10% Res 3%	8.632	6.888	15.519	8.632	9.476	18.107
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.944	3.835	4.779	0.944	6.716	7.659
10. Final Incentive	0.944	3.835	4.779	0.944	6.716	7.659
11. Current Period Base: (line 6 + line 10)	87.259	233.434	320.693	87.259	322.580	409.839
12. Plus: Property Rate Component			40.750			40.750
13. Plus: ROE/Use Rate			1.299			1.299
14. Total Current Period Base			362.741			451.887
15. Prospective Rate: Line 11 x Inflation (1.02817040)	89.717	240.010	329.727	89.717	331.667	421.384
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.717	240.010	329.727	89.717	331.667	421.384
19. Property Rate Component			40.750			40.750
20. ROE Component + ROE Interim Component			1.299			1.299
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			371.78			463.43
23. Medicaid Days			0		8,440	
24. Resident Days			0		8,440	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.05
29. Add-On (QAF less Rate Cut)			3.12			3.85
30. Final Per Diem After Adjustments			395.87			487.21



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028048801 - 2014/04
RI:377.52 / NM:468.75

MCP Sunset
 7100 S.W. 122nd. Avenue
 Miami FL 33183

Provider Number: 028048801
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>383.37</u>	<u>377.52</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>472.89</u>	<u>468.75</u>	<u>4/1/2014</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 UCP Of Miami

1411 N.W. 14th Avenue
Miami FL 33125

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028048801

Provider Name: **MCP Sunset**
 Provider Number: 28048801
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,760	8,760
2. Operating Expenses Component			
A. Administration			377,453
B. Plant Operation			304,297
C. Laundry			35,700
D. Housekeeping			29,859
E. Operating Expense Component & Per Diem	85.3092	85.3092	747,309
3. Resident Care			
A. Dietary			152,827
B. Other			0
C. Nursing			900,921
D. Resident Care & Per Diem	120.2909	120.2909	1,053,748
4. Prop Exp & Per Diem	41.0790	41.0790	359,852
5. ROE/Use Per Diem	1.1705	1.1705	10,254
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,760.00	8,760.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,507,586.00	1,507,586.00
5. Direct Care Expense Per Diem	86.0494	172.0989	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,760	8,760
2. Additional Services	0	101,483	101,483
3. Additional Services Exp & Per Diem	11.5848	11.5848	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	85.3092	85.3092	747,309
2. Resident Care Component	217.9251	303.9745	2,662,817
3. Property Cost Component	41.0790	41.0790	359,852
4. ROE/Use Allow Component	1.1705	1.1705	10,254
5 Total Cost Per Diem	345.4839	431.5333	3,780,232



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028048801 - 2014/04
377.52
468.75

MCP Sunset

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.665	209.503	295.168	85.665	296.815	382.479
2. Inflate Line 1 by Inflation Factor 1.02207977	87.556	214.129	301.685	87.556	303.368	390.924
3. Line 1 x 1.400 x Inflation Factor 1.03091168	88.313	215.980	304.292	88.313	305.990	394.302
4. Current Period Cost	85.309	217.925	303.234	85.309	303.975	389.284
5. Incentive Basis (line 3 - line 4)	3.003	0.000	3.003	3.003	2.015	5.018
6. Allowed Current Period Costs (Min of line 3 or 4)	85.309	215.980	301.289	85.309	303.975	389.284
7. Incentive Line 5 x Oper 50% Res 50%	1.502	0.000	1.502	1.502	1.008	2.509
8. Incentive - Line 4 x Oper 10% Res 3%	8.531	0.000	8.531	8.531	9.119	17.650
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.502	0.000	1.502	1.502	1.008	2.509
10. Final Incentive	1.502	0.000	1.502	1.502	1.008	2.509
11. Current Period Base: (line 6 + line 10)	86.811	215.980	302.790	86.811	304.982	391.793
12. Plus: Property Rate Component			41.079			41.079
13. Plus: ROE/Use Rate			1.171			1.171
14. Total Current Period Base			345.040			434.043
15. Prospective Rate: Line 11 x Inflation (1.02817040)	89.256	222.064	311.320	89.256	313.574	402.830
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	89.256	222.064	311.320	89.256	313.574	402.830
19. Property Rate Component			41.079			41.079
20. ROE Component + ROE Interim Component			1.171			1.171
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			353.57			445.08
23. Medicaid Days			0		8,760	
24. Resident Days			0		8,760	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			1.01
29. Add-On (QAF less Rate Cut)			2.98			3.70
30. Final Per Diem After Adjustments			377.52			468.75



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028049601 - 2014/04
RI:329.30 / NM:439.73

DORCHESTER CLUSTER

3201 Ginger Drive
 Tallahassee FL 32308

Provider Number: 028049601
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>332.68</u>	<u>329.30</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>438.91</u>	<u>439.73</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028049601

Provider Name: **DORCHESTER CLUSTER**
 Provider Number: 28049601
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	920	6,218	7,138
2. Operating Expenses Component			
A. Administration			324,778
B. Plant Operation			189,997
C. Laundry			8,912
D. Housekeeping			19,412
E. Operating Expense Component & Per Diem	76.0856	76.0856	543,099
3. Resident Care			
A. Dietary			128,832
B. Other			111,972
C. Nursing			425,293
D. Resident Care & Per Diem	93.3170	93.3170	666,097
4. Prop Exp & Per Diem	17.1423	17.1423	122,362
5. ROE/Use Per Diem	0.8645	0.8645	6,171
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	460.00	6,218.00	6,678.00
3. Staffing Percent	6.8882899	93.1117101	100.00
4. Allocation of Direct Care	112,299.24	1,517,992.76	1,630,292.00
5. Direct Care Expense Per Diem	122.0644	244.1288	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	920	6,218	7,138
2. Additional Services	11,812	79,834	91,646
3. Additional Services Exp & Per Diem	12.8391	12.8392	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.0856	76.0856	543,099
2. Resident Care Component	228.2206	350.2850	2,388,035
3. Property Cost Component	17.1423	17.1423	122,362
4. ROE/Use Allow Component	0.8645	0.8645	6,171
5 Total Cost Per Diem	322.3130	444.3775	3,059,667



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028049601 - 2014/04

329.30

439.73

DORCHESTER CLUSTER

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.098	201.019	272.118	71.098	304.603	375.701
2. Inflate Line 1 by Inflation Factor 1.02207977	72.668	205.458	278.126	72.668	311.328	383.996
3. Line 1 x 1.400 x Inflation Factor 1.03091168	73.296	207.233	280.529	73.296	314.018	387.314
4. Current Period Cost	76.086	228.221	304.306	76.086	350.285	426.371
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.296	207.233	280.529	73.296	314.018	387.314
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.296	207.233	280.529	73.296	314.018	387.314
12. Plus: Property Rate Component			17.142			17.142
13. Plus: ROE/Use Rate			0.865			0.865
14. Total Current Period Base			298.536			405.321
15. Prospective Rate: Line 11 x Inflation (1.02817040)	75.361	213.071	288.432	75.361	322.864	398.225
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.361	213.071	288.432	75.361	322.864	398.225
19. Property Rate Component			17.142			17.142
20. ROE Component + ROE Interim Component			0.865			0.865
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.44			416.23
23. Medicaid Days		920			6,218	
24. Resident Days		920			6,218	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.71			0.95
29. Add-On (QAF less Rate Cut)			2.60			3.48
30. Final Per Diem After Adjustments			329.30			439.73



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028054200 - 2014/04
RI:342.49 / NM:0.00

SUFFRIDGE DRIVE GROUP HOME

27566 Suffridge Drive
 Bonita Springs FL 34135

Provider Number: 028054200
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	354.70	342.49	4/1/2014
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
 Louisville KY 40223

For Information only - No Change in rate



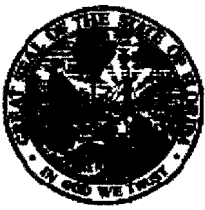
Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028054200

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**
 Provider Number: 28054200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			133,494
B. Plant Operation			26,319
C. Laundry			500
D. Housekeeping			2,691
E. Operating Expense Component & Per Diem	74,431.1	0.0000	163,004
3. Resident Care			
A. Dietary			25,230
B. Other			0
C. Nursing			47,416
D. Resident Care & Per Diem	33,171.7	0.0000	72,646
4. Prop Exp & Per Diem	17,696.3	0.0000	38,755
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	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	338,633.00		338,633.00
5. Direct Care Expense Per Diem	154.6269		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	48,531		48,531
3. Additional Services Exp & Per Diem	22,160.3		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74,431.1		163,004
2. Resident Care Component	209,958.9		459,810
3. Property Cost Component	17,696.3		38,755
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	302.0863		661,569



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028054200 - 2014/04
342.49
0.00

SUFFRIDGE DRIVE GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.964	213.736	293.700			
2. Inflate Line 1 by Inflation Factor 1.02207977	81.730	218.455	300.185			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	82.436	220.343	302.779			
4. Current Period Cost	74.431	209.959	284.390			
5. Incentive Basis (line 3 - line 4)	8.005	10.384	18.389	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	74.431	209.959	284.390			
7. Incentive Line 5 x Oper 50% Res 50%	4.002	5.192	9.194	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.443	6.299	13.742	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.002	5.192	9.194	0.000	0.000	0.000
10. Final Incentive	4.002	5.192	9.194	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.433	215.151	293.584	0.000	0.000	0.000
12. Plus: Property Rate Component			17.696			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			311.281			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	80.643	221.212	301.855	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.643	221.212	301.855	0.000	0.000	0.000
19. Property Rate Component			17.696			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			319.55			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.74			0.00
29. Add-On (QAF less Rate Cut)			2.71			0.00
30. Final Per Diem After Adjustments			342.49			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028056900 - 2014/04
RI:306.47 / NM:0.00

ROSEWOOD GROUP HOME

71 Rosewood Avenue
 Ormand Beach FL 32174

Provider Number: 028056900
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>371.59</u>	<u>306.47</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u> </u>	<u> </u>	<u> </u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 Res-Care

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028056900

Provider Name: **ROSEWOOD GROUP HOME**
 Provider Number: 28056900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,096	0	2,096
2. Operating Expenses Component			
A. Administration			117,644
B. Plant Operation			31,533
C. Laundry			1,042
D. Housekeeping			3,704
E. Operating Expense Component & Per Diem	73.4365	0.0000	153,923
3. Resident Care			
A. Dietary			23,948
B. Other			0
C. Nursing			19,650
D. Resident Care & Per Diem	20.8006	0.0000	43,598
4. Prop Exp & Per Diem	17.6493	0.0000	36,993
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	1,572.00		1,572.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	209,162.00		209,162.00
5. Direct Care Expense Per Diem	99.7910		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,096		2,096
2. Additional Services	109,490		109,490
3. Additional Services Exp & Per Diem	52.2376		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.4365		153,923
2. Resident Care Component	172.8292		362,250
3. Property Cost Component	17.6493		36,993
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	263.9151		553,166



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028056900 - 2014/04

306.47

0.00

ROSEWOOD GROUP HOME

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.141	217.849	303.989			
2. Inflate Line 1 by Inflation Factor 1.02207977	88.043	222.659	310.701			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	88.803	224.583	313.386			
4. Current Period Cost	73.437	172.829	246.266			
5. Incentive Basis (line 3 - line 4)	15.367	51.754		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.437	172.829	246.266			
7. Incentive Line 5 x Oper 50% Res 50%	7.683	25.877	33.560	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.344	5.185	12.529	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.344	5.185	12.529	0.000	0.000	0.000
10. Final Incentive	7.344	5.185	12.529	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.780	178.014	258.794	0.000	0.000	0.000
12. Plus: Property Rate Component			17.649			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			276.444			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	83.056	183.029	266.085	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.056	183.029	266.085	0.000	0.000	0.000
19. Property Rate Component			17.649			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			283.73			0.00
23. Medicaid Days		2,096			0	
24. Resident Days		2,096			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.66			0.00
29. Add-On (QAF less Rate Cut)			2.42			0.00
30. Final Per Diem After Adjustments			306.47			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028057700 - 2014/04
RI:292.99 / NM:0.00

PLAZA OVAL GROUP HOME
 247 Plaza Oval
 Casselberry FL 32707

Provider Number: 028057700
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.03</u>	<u>292.99</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u> </u>	<u> </u>	<u> </u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Res-Care

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028057700

Provider Name: **PLAZA OVAL GROUP HOME**
 Provider Number: 28057700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,930	0	1,930
2. Operating Expenses Component			
A. Administration			119,250
B. Plant Operation			30,697
C. Laundry			478
D. Housekeeping			3,033
E. Operating Expense Component & Per Diem	79,5119	0.0000	153,458
3. Resident Care			
A. Dietary			21,975
B. Other			0
C. Nursing			18,680
D. Resident Care & Per Diem	21,0648	0.0000	40,655
4. Prop Exp & Per Diem	20,6860	0.0000	39,924
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	1,447.50		1,447.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	217,525.00		217,525.00
5. Direct Care Expense Per Diem	112.7073		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,930		1,930
2. Additional Services	90,732		90,732
3. Additional Services Exp & Per Diem	47,0114		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	79,5119		153,458
2. Resident Care Component	180,7834		348,912
3. Property Cost Component	20,6860		39,924
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280,9813		542,294



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028057700 - 2014/04
292.99
0.00

PLAZA OVAL GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.222	159.310	235.532			
2. Inflate Line 1 by Inflation Factor 1.02207977	77.905	162.827	240.733			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	78.579	164.234	242.813			
4. Current Period Cost	79.512	180.783	260.295			
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	78.579	164.234	242.813			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.579	164.234	242.813	0.000	0.000	0.000
12. Plus: Property Rate Component			20.686			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			263.499			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	80.792	168.861	249.653	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.792	168.861	249.653	0.000	0.000	0.000
19. Property Rate Component			20.686			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			270.34			0.00
23. Medicaid Days		1,930				0
24. Resident Days		1,930				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.63			0.00
29. Add-On (QAF less Rate Cut)			2.32			0.00
30. Final Per Diem After Adjustments			292.99			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028059300 - 2014/04
RI:245.42 / NM:0.00

Sunrise 146th Place
 10521 S.W. 146th Place
 Miami FL 33186

Provider Number: 028059300
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>256.87</u>	<u>245.42</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028059300

Provider Name: **Sunrise 146th Place**
 Provider Number: 28059300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			55,949
B. Plant Operation			25,469
C. Laundry			948
D. Housekeeping			526
E. Operating Expense Component & Per Diem	37.8502	0.0000	82,892
3. Resident Care			
A. Dietary			15,140
B. Other			48,599
C. Nursing			1,662
D. Resident Care & Per Diem	29.8635	0.0000	65,401
4. Prop Exp & Per Diem	13.2662	0.0000	29,053
5. ROE/Use Per Diem	0.0868	0.0000	190
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	256,500.00		256,500.00
5. Direct Care Expense Per Diem	117.1233		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	23,204		23,204
3. Additional Services Exp & Per Diem	10.5954		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	37.8502		82,892
2. Resident Care Component	157.5822		345,105
3. Property Cost Component	13.2662		29,053
4. ROE/Use Allow Component	0.0868		190
5 Total Cost Per Diem	208.7854		457,240



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028059300 - 2014/04
245.42
0.00

Sunrise 146th Place

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.954	162.715	207.669			
2. Inflate Line 1 by Inflation Factor 1.02207977	45.947	166.308	212.254			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	46.344	167.745	214.088			
4. Current Period Cost	37.850	157.582	195.432			
5. Incentive Basis (line 3 - line 4)	8.493	10.162	18.655	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	37.850	157.582	195.432			
7. Incentive Line 5 x Oper 50% Res 50%	4.247	5.081	9.328	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.785	4.727	8.512	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.785	4.727	8.512	0.000	0.000	0.000
10. Final Incentive	3.785	4.727	8.512	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.635	162.310	203.945	0.000	0.000	0.000
12. Plus: Property Rate Component			13.266			0.000
13. Plus: ROE/Use Rate			0.087			0.000
14. Total Current Period Base			217.298			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	42.808	166.882	209.690	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.808	166.882	209.690	0.000	0.000	0.000
19. Property Rate Component			13.266			0.000
20. ROE Component + ROE Interim Component			0.087			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			223.04			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%				NA
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.53			0.00
29. Add-On (QAF less Rate Cut)			1.94			0.00
30. Final Per Diem After Adjustments			245.42			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028060700 - 2014/04
RI:305.37 / NM:341.09

Walnut Street Group Home
102 Alexander Road
Starke FL 32091

Provider Number: 028060700
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>323.56</u>	<u>305.37</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>359.38</u>	<u>341.09</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:
Contract Management
DPODS - DCF (3)
Home Office:
Res-Care, Inc.

10140 Linn Station Road

Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028060700

Provider Name: **Walnut Street Group Home**
Provider Number: 28060700
Audit Status: Unaudited [3]
Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
Rate Semester: April, 2014
Cost Report: 07/01/2012 - 06/30/2013
Days In Reporting Period: 365
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	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			125,441
B. Plant Operation			29,571
C. Laundry			621
D. Housekeeping			4,528
E. Operating Expense Component & Per Diem	73.1329	73.1329	160,161
3. Resident Care			
A. Dietary			24,210
B. Other			0
C. Nursing			24,464
D. Resident Care & Per Diem	22.2256	22.2256	48,674
4. Prop Exp & Per Diem	14.8315	14.8315	32,481
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	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	146,912.40	97,941.60	244,854.00
5. Direct Care Expense Per Diem	100.6249	134.1666	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	80,293	40,140	120,433
3. Additional Services Exp & Per Diem	54.9952	54.9863	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.1329	73.1329	160,161
2. Resident Care Component	177.8457	211.3784	413,961
3. Property Cost Component	14.8315	14.8315	32,481
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	265.8101	299.3428	606,603



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028060700 - 2014/04
305.37
341.09

Walnut Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.018	185.797	264.815	79.018	220.732	299.750
2. Inflate Line 1 by Inflation Factor 1.02207977	80.763	189.899	270.662	80.763	225.606	306.369
3. Line 1 x 1.400 x Inflation Factor 1.03091168	81.460	191.540	273.001	81.460	227.556	309.016
4. Current Period Cost	73.133	177.846	250.979	73.133	211.378	284.511
5. Incentive Basis (line 3 - line 4)	8.328	13.694	22.022	8.328	16.177	24.505
6. Allowed Current Period Costs (Min of line 3 or 4)	73.133	177.846	250.979	73.133	211.378	284.511
7. Incentive Line 5 x Oper 50% Res 50%	4.164	6.847	11.011	4.164	8.089	12.252
8. Incentive - Line 4 x Oper 10% Res 3%	7.313	5.335	12.649	7.313	6.341	13.655
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.164	5.335	9.499	4.164	6.341	10.505
10. Final Incentive	4.164	5.335	9.499	4.164	6.341	10.505
11. Current Period Base: (line 6 + line 10)	77.297	183.181	260.478	77.297	217.720	295.016
12. Plus: Property Rate Component			14.832			14.832
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			275.309			309.848
15. Prospective Rate: Line 11 x Inflation (1.02817040)	79.474	188.341	267.816	79.474	223.853	303.327
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.474	188.341	267.816	79.474	223.853	303.327
19. Property Rate Component			14.832			14.832
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.65			318.16
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.66			0.73
29. Add-On (QAF less Rate Cut)			2.41			2.70
30. Final Per Diem After Adjustments			305.37			341.09



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028061500 - 2014/04
RI:263.03 / NM:294.33

Spring Street Group Home
 930 S. W. Spring Lane
 Lake City FL 32055

Provider Number: 028061500
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>276.81</u>	<u>263.03</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>309.23</u>	<u>294.33</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u>X</u> Prospective
<u> </u> Total Interim	<u>X</u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u>X</u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028061500

Provider Name: **Spring Street Group Home**
 Provider Number: 28061500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,095	1,095	2,190
2. Operating Expenses Component			
A. Administration			122,542
B. Plant Operation			24,682
C. Laundry			1,014
D. Housekeeping			5,538
E. Operating Expense Component & Per Diem	70.2174	70.2174	153,776
3. Resident Care			
A. Dietary			21,474
B. Other			0
C. Nursing			21,467
D. Resident Care & Per Diem	19.6078	19.6078	42,941
4. Prop Exp & Per Diem	16.3927	16.3927	35,900
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	821.25	1,095.00	1,916.25
3. Staffing Percent	42.8571429	57.1428571	100.00
4. Allocation of Direct Care	96,574.29	128,765.71	225,340.00
5. Direct Care Expense Per Diem	88.1957	117.5943	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	37,068	37,064	74,132
3. Additional Services Exp & Per Diem	33.8521	33.8484	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.2174	70.2174	153,776
2. Resident Care Component	141.6555	171.0504	342,413
3. Property Cost Component	16.3927	16.3927	35,900
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	228.2656	257.6605	532,089



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028061500 - 2014/04
263.03
294.33

Spring Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.770	148.083	219.853	71.770	179.694	251.464
2. Inflate Line 1 by Inflation Factor 1.02207977	73.354	151.353	224.707	73.354	183.662	257.016
3. Line 1 x 1.400 x Inflation Factor 1.03091168	73.988	152.660	226.649	73.988	185.249	259.237
4. Current Period Cost	70.217	141.656	211.873	70.217	171.050	241.268
5. Incentive Basis (line 3 - line 4)	3.771	11.005		3.771	14.198	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.217	141.656	211.873	70.217	171.050	241.268
7. Incentive Line 5 x Oper 50% Res 50%	1.885	5.502	7.388	1.885	7.099	8.985
8. Incentive - Line 4 x Oper 10% Res 3%	7.022	4.250	11.271	7.022	5.132	12.153
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.885	4.250	6.135	1.885	5.132	7.017
10. Final Incentive	1.885	4.250	6.135	1.885	5.132	7.017
11. Current Period Base: (line 6 + line 10)	72.103	145.905	218.008	72.103	176.182	248.285
12. Plus: Property Rate Component			16.393			16.393
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			234.401			264.677
15. Prospective Rate: Line 11 x Inflation (1.02817040)	74.134	150.015	224.149	74.134	181.145	255.279
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.134	150.015	224.149	74.134	181.145	255.279
19. Property Rate Component			16.393			16.393
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	240.54			271.67		
23. Medicaid Days	1,095			1,095		
24. Resident Days	1,095			1,095		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.57			0.63		
29. Add-On (QAF less Rate Cut)	2.08			2.33		
30. Final Per Diem After Adjustments	263.03			294.33		



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028062300 - 2014/04
RI:239.47 / NM:277.38

Sunrise 119th Street Group Home
13350 S.W. 119th Street
Miami FL 33186

Provider Number: 028062300
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>268.58</u>	<u>239.47</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>311.38</u>	<u>277.38</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (11)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33170

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028062300

Provider Name: **Sunrise 119th Street Group Home**
 Provider Number: 28062300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,458	730	2,188
2. Operating Expenses Component			
A. Administration			57,597
B. Plant Operation			22,475
C. Laundry			711
D. Housekeeping			2,172
E. Operating Expense Component & Per Diem	37.9136	37.9136	82,955
3. Resident Care			
A. Dietary			16,385
B. Other			56,025
C. Nursing			9,172
D. Resident Care & Per Diem	37.2861	37.2861	81,582
4. Prop Exp & Per Diem	16.8067	16.8067	36,773
5. ROE/Use Per Diem	0.0032	0.0032	7
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,093.50	730.00	1,823.50
3. Staffing Percent	59.9670962	40.0329038	100.00
4. Allocation of Direct Care	155,650.00	103,909.00	259,559.00
5. Direct Care Expense Per Diem	106.7558	142.3411	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,458	730	2,188
2. Additional Services	6,738	3,374	10,112
3. Additional Services Exp & Per Diem	4.6214	4.6219	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	37.9136	37.9136	82,955
2. Resident Care Component	148.6633	184.2491	351,253
3. Property Cost Component	16.8067	16.8067	36,773
4. ROE/Use Allow Component	0.0032	0.0032	7
5 Total Cost Per Diem	203.3868	238.9726	470,988



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028062300 - 2014/04
239.47
277.38

Sunrise 119th Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.843	165.807	211.650	45.843	207.538	253.381
2. Inflate Line 1 by Inflation Factor 1.02207977	46.856	169.468	216.323	46.856	212.120	258.976
3. Line 1 x 1.400 x Inflation Factor 1.03091168	47.261	170.932	218.193	47.261	213.953	261.214
4. Current Period Cost	37.914	148.663	186.577	37.914	184.249	222.163
5. Incentive Basis (line 3 - line 4)	9.347	22.269	31.616	9.347	29.704	39.051
6. Allowed Current Period Costs (Min of line 3 or 4)	37.914	148.663	186.577	37.914	184.249	222.163
7. Incentive Line 5 x Oper 50% Res 50%	4.673	11.134	15.808	4.673	14.852	19.526
8. Incentive - Line 4 x Oper 10% Res 3%	3.791	4.460	8.251	3.791	5.527	9.319
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.791	4.460	8.251	3.791	5.527	9.319
10. Final Incentive	3.791	4.460	8.251	3.791	5.527	9.319
11. Current Period Base: (line 6 + line 10)	41.705	153.123	194.828	41.705	189.777	231.482
12. Plus: Property Rate Component			16.807			16.807
13. Plus: ROE/Use Rate			0.003			0.003
14. Total Current Period Base			211.638			248.291
15. Prospective Rate: Line 11 x Inflation (1.02817040)	42.880	157.437	200.317	42.880	195.123	238.003
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.880	157.437	200.317	42.880	195.123	238.003
19. Property Rate Component			16.807			16.807
20. ROE Component + ROE Interim Component			0.003			0.003
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			217.13			254.81
23. Medicaid Days		1,458			730	
24. Resident Days		1,458			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.52			0.60
29. Add-On (QAF less Rate Cut)			1.89			2.19
30. Final Per Diem After Adjustments			239.47			277.38



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028063100 - 2014/04
RI:279.69 / NM:311.92

Bessent Road Group Home
 1329 Bessent Road
 Starke FL 32091

Provider Number: 028063100
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.35</u>	<u>279.69</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>330.75</u>	<u>311.92</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028063100

Provider Name: **Bessent Road Group Home**
 Provider Number: 28063100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			116,036
B. Plant Operation			23,981
C. Laundry			752
D. Housekeeping			4,031
E. Operating Expense Component & Per Diem	66.1187	66.1187	144,800
3. Resident Care			
A. Dietary			21,939
B. Other			0
C. Nursing			24,252
D. Resident Care & Per Diem	21.0918	21.0918	46,191
4. Prop Exp & Per Diem	11.1534	11.1534	24,426
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	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	165,626.05	44,166.95	209,793.00
5. Direct Care Expense Per Diem	90.7540	121.0053	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	92,472	18,499	110,971
3. Additional Services Exp & Per Diem	50.6696	50.6822	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	66.1187	66.1187	144,800
2. Resident Care Component	162.5154	192.7793	366,955
3. Property Cost Component	11.1534	11.1534	24,426
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	239.7875	270.0515	536,181



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028063100 - 2014/04
279.69
311.92

Bessent Road Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.207	169.978	245.184	75.207	202.548	277.755
2. Inflate Line 1 by Inflation Factor 1.02207977	76.867	173.731	250.598	76.867	207.021	283.888
3. Line 1 x 1.400 x Inflation Factor 1.03091168	77.531	175.232	252.764	77.531	208.809	286.341
4. Current Period Cost	66.119	162.515	228.634	66.119	192.779	258.898
5. Incentive Basis (line 3 - line 4)	11.413	12.717	24.130	11.413	16.030	27.443
6. Allowed Current Period Costs (Min of line 3 or 4)	66.119	162.515	228.634	66.119	192.779	258.898
7. Incentive Line 5 x Oper 50% Res 50%	5.706	6.358	12.065	5.706	8.015	13.721
8. Incentive - Line 4 x Oper 10% Res 3%	6.612	4.875	11.487	6.612	5.783	12.395
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.706	4.875	10.582	5.706	5.783	11.490
10. Final Incentive	5.706	4.875	10.582	5.706	5.783	11.490
11. Current Period Base: (line 6 + line 10)	71.825	167.391	239.216	71.825	198.563	270.388
12. Plus: Property Rate Component			11.153			11.153
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			250.369			281.541
15. Prospective Rate: Line 11 x Inflation (1.02817040)	73.848	172.106	245.955	73.848	204.156	278.005
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.848	172.106	245.955	73.848	204.156	278.005
19. Property Rate Component			11.153			11.153
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			257.11			289.16
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.60			0.67
29. Add-On (QAF less Rate Cut)			2.21			2.47
30. Final Per Diem After Adjustments			279.69			311.92



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028064000 - 2014/04
RI:273.63 / NM:303.59

19th Street Group Home
 529 N.W. 19th Street
 Gainesville FL 32603

Provider Number: 028064000
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.55</u>	<u>273.63</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>320.72</u>	<u>303.59</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:
 Res-Care, Inc.

 10140 Linn Station Road

 Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028064000

Provider Name: **19th Street Group Home**
 Provider Number: 28064000
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			116,953
B. Plant Operation			31,048
C. Laundry			1,088
D. Housekeeping			3,825
E. Operating Expense Component & Per Diem	69.8237	69.8237	152,914
3. Resident Care			
A. Dietary			21,099
B. Other			0
C. Nursing			17,165
D. Resident Care & Per Diem	17.4721	17.4721	38,264
4. Prop Exp & Per Diem	15.3137	15.3137	33,537
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	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	123,253.80	82,169.20	205,423.00
5. Direct Care Expense Per Diem	84.4204	112.5605	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	72,168	36,079	108,247
3. Additional Services Exp & Per Diem	49.4301	49.4233	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	69.8237	69.8237	152,914
2. Resident Care Component	151.3227	179.4560	351,934
3. Property Cost Component	15.3137	15.3137	33,537
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	236.4601	264.5934	538,385



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028064000 - 2014/04
273.63
303.59

19th Street Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.760	157.862	232.622	74.760	187.281	262.041
2. Inflate Line 1 by Inflation Factor 1.02207977	76.411	161.347	237.758	76.411	191.416	267.827
3. Line 1 x 1.400 x Inflation Factor 1.03091168	77.071	162.741	239.812	77.071	193.070	270.141
4. Current Period Cost	69.824	151.323	221.146	69.824	179.456	249.280
5. Incentive Basis (line 3 - line 4)	7.247	11.419	18.666	7.247	13.614	20.861
6. Allowed Current Period Costs (Min of line 3 or 4)	69.824	151.323	221.146	69.824	179.456	249.280
7. Incentive Line 5 x Oper 50% Res 50%	3.624	5.709	9.333	3.624	6.807	10.431
8. Incentive - Line 4 x Oper 10% Res 3%	6.982	4.540	11.522	6.982	5.384	12.366
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.624	4.540	8.163	3.624	5.384	9.007
10. Final Incentive	3.624	4.540	8.163	3.624	5.384	9.007
11. Current Period Base: (line 6 + line 10)	73.447	155.862	229.310	73.447	184.840	258.287
12. Plus: Property Rate Component			15.314			15.314
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			244.623			273.601
15. Prospective Rate: Line 11 x Inflation (1.02817040)	75.516	160.253	235.769	75.516	190.047	265.563
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.516	160.253	235.769	75.516	190.047	265.563
19. Property Rate Component			15.314			15.314
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			251.08			280.88
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.59			0.65
29. Add-On (QAF less Rate Cut)			2.16			2.40
30. Final Per Diem After Adjustments			273.63			303.59



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028065800 - 2014/04
RI:246.77 / NM:0.00

Sunrise 22nd Street Home
 444 N.W. 22nd Street
 Homestead FL 33030

Provider Number: 028065800
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>262.39</u>	<u>246.77</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> X </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028065800

Provider Name: **Sunrise 22nd Street Home**
 Provider Number: 28065800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,088	0	2,088
2. Operating Expenses Component			
A. Administration			58,787
B. Plant Operation			29,765
C. Laundry			1,483
D. Housekeeping			3,814
E. Operating Expense Component & Per Diem	44.9468	0.0000	93,849
3. Resident Care			
A. Dietary			15,497
B. Other			49,641
C. Nursing			214
D. Resident Care & Per Diem	31.2989	0.0000	65,352
4. Prop Exp & Per Diem	11.6772	0.0000	24,382
5. ROE/Use Per Diem	0.1485	0.0000	310
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,566.00		1,566.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,566.00		234,566.00
5. Direct Care Expense Per Diem	112.3400		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,088		2,088
2. Additional Services	19,026		19,026
3. Additional Services Exp & Per Diem	9.1121		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	44.9468		93,849
2. Resident Care Component	152.7510		318,944
3. Property Cost Component	11.6772		24,382
4. ROE/Use Allow Component	0.1485		310
5 Total Cost Per Diem	209.5235		437,485



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028065800 - 2014/04
246.77
0.00

Sunrise 22nd Street Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	52.228	159.802	212.029			
2. Inflate Line 1 by Inflation Factor 1.02207977	53.381	163.330	216.711			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	53.842	164.742	218.584			
4. Current Period Cost	44.947	152.751	197.698			
5. Incentive Basis (line 3 - line 4)	8.895	11.991	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	44.947	152.751	197.698			
7. Incentive Line 5 x Oper 50% Res 50%	4.448	5.995	10.443	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.495	4.583	9.077	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.448	4.583	9.030	0.000	0.000	0.000
10. Final Incentive	4.448	4.583	9.030	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.394	157.333	206.728	0.000	0.000	0.000
12. Plus: Property Rate Component			11.677			0.000
13. Plus: ROE/Use Rate			0.148			0.000
14. Total Current Period Base			218.554			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	50.786	161.766	212.552	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.786	161.766	212.552	0.000	0.000	0.000
19. Property Rate Component			11.677			0.000
20. ROE Component + ROE Interim Component			0.148			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			224.38			0.00
23. Medicaid Days		2,088			0	
24. Resident Days		2,088			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.53			0.00
29. Add-On (QAF less Rate Cut)			1.95			0.00
30. Final Per Diem After Adjustments			246.77			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028066600 - 2014/04
RI:301.82 / NM:0.00

High Desert Court Group Home
 11818 High Desert Court
 Jacksonville FL 32218

Provider Number: 028066600
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>309.86</u>	<u>301.82</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u> </u>	<u> </u>	<u> </u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028066600

Provider Name: **High Desert Court Group Home**
 Provider Number: 28066600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,025	0	2,025
2. Operating Expenses Component			
A. Administration			113,337
B. Plant Operation			31,818
C. Laundry			994
D. Housekeeping			2,123
E. Operating Expense Component & Per Diem	73.2207	0.0000	148,272
3. Resident Care			
A. Dietary			16,883
B. Other			0
C. Nursing			39,175
D. Resident Care & Per Diem	27.6830	0.0000	56,058
4. Prop Exp & Per Diem	14.6123	0.0000	29,590
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	1,518.75		1,518.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	204,416.00		204,416.00
5. Direct Care Expense Per Diem	100.9462		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,025		2,025
2. Additional Services	105,280		105,280
3. Additional Services Exp & Per Diem	51.9901		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.2207		148,272
2. Resident Care Component	180.6193		365,754
3. Property Cost Component	14.6123		29,590
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	268.4523		543,616



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028066600 - 2014/04
301.82
0.00

High Desert Court Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.149	175.712	252.860			
2. Inflate Line 1 by Inflation Factor 1.02207977	78.852	179.591	258.443			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	79.533	181.143	260.677			
4. Current Period Cost	73.221	180.619	253.840			
5. Incentive Basis (line 3 - line 4)	6.313	0.524	6.837	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	73.221	180.619	253.840			
7. Incentive Line 5 x Oper 50% Res 50%	3.156	0.262	3.418	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.322	5.419	12.741	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.156	0.262	3.418	0.000	0.000	0.000
10. Final Incentive	3.156	0.262	3.418	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.377	180.881	257.258	0.000	0.000	0.000
12. Plus: Property Rate Component			14.612			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.871			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	78.529	185.977	264.505	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.529	185.977	264.505	0.000	0.000	0.000
19. Property Rate Component			14.612			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			279.12			0.00
23. Medicaid Days		2,025			0	
24. Resident Days		2,025			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.65			0.00
29. Add-On (QAF less Rate Cut)			2.39			0.00
30. Final Per Diem After Adjustments			301.82			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028067400 - 2014/04
RI:291.27 / NM:327.60

Frederick Avenue Group Home
 325 N. Frederick Ave.
 Daytona Beach FL 32114

Provider Number: 028067400
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.79</u>	<u>291.27</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>340.54</u>	<u>327.60</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028067400

Provider Name: **Frederick Avenue Group Home**
 Provider Number: 28067400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			121,739
B. Plant Operation			32,790
C. Laundry			1,094
D. Housekeeping			3,320
E. Operating Expense Component & Per Diem	72.5767	72.5767	158,943
3. Resident Care			
A. Dietary			23,177
B. Other			0
C. Nursing			18,183
D. Resident Care & Per Diem	18.8858	18.8858	41,360
4. Prop Exp & Per Diem	12.6521	12.6521	27,708
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	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	187,916.84	50,111.16	238,028.00
5. Direct Care Expense Per Diem	102.9681	137.2908	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	85,978	17,200	103,178
3. Additional Services Exp & Per Diem	47.1112	47.1233	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	72.5767	72.5767	158,943
2. Resident Care Component	168.9652	203.3000	382,566
3. Property Cost Component	12.6521	12.6521	27,708
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	254.1940	288.5287	569,217



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028067400 - 2014/04
291.27
327.60

Frederick Avenue Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.176	173.509	248.685	75.176	208.371	283.546
2. Inflate Line 1 by Inflation Factor 1.02207977	76.836	177.340	254.176	76.836	212.971	289.807
3. Line 1 x 1.400 x Inflation Factor 1.03091168	77.500	178.873	256.372	77.500	214.812	292.311
4. Current Period Cost	72.577	168.965	241.542	72.577	203.300	275.877
5. Incentive Basis (line 3 - line 4)	4.923	9.907	0.000	4.923	11.512	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	72.577	168.965	241.542	72.577	203.300	275.877
7. Incentive Line 5 x Oper 50% Res 50%	2.461	4.954	7.415	2.461	5.756	8.217
8. Incentive - Line 4 x Oper 10% Res 3%	7.258	5.069	12.327	7.258	6.099	13.357
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.461	4.954	7.415	2.461	5.756	8.217
10. Final Incentive	2.461	4.954	7.415	2.461	5.756	8.217
11. Current Period Base: (line 6 + line 10)	75.038	173.919	248.957	75.038	209.056	284.094
12. Plus: Property Rate Component	0.000	0.000	12.652	0.000	0.000	12.652
13. Plus: ROE/Use Rate	0.000	0.000	0.000	0.000	0.000	0.000
14. Total Current Period Base	75.038	173.919	261.609	75.038	209.056	296.746
15. Prospective Rate: Line 11 x Inflation (1.02817040)	77.152	178.818	255.970	77.152	214.945	292.097
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.152	178.818	255.970	77.152	214.945	292.097
19. Property Rate Component	0.000	0.000	12.652	0.000	0.000	12.652
20. ROE Component + ROE Interim Component	0.000	0.000	0.000	0.000	0.000	0.000
21. Plus :Property Interim Rate Component	0.000	0.000	0.000	0.000	0.000	0.000
22. Final Per Diem			268.62			304.75
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.63			0.70
29. Add-On (QAF less Rate Cut)			2.30			2.59
30. Final Per Diem After Adjustments			291.27			327.60



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028069100 - 2014/04
RI:312.27 / NM:0.00

Claudia Drive Group Home
 140 Claudia Drive
 Jacksonville FL 32218

Provider Number: 028069100
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>339.15</u>	<u>312.27</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028069100

Provider Name: **Claudia Drive Group Home**
 Provider Number: 28069100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			118,056
B. Plant Operation			30,724
C. Laundry			727
D. Housekeeping			2,896
E. Operating Expense Component & Per Diem	69.5904	0.0000	152,403
3. Resident Care			
A. Dietary			21,237
B. Other			0
C. Nursing			39,239
D. Resident Care & Per Diem	27.6146	0.0000	60,476
4. Prop Exp & Per Diem	14.7963	0.0000	32,404
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	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,835.00		234,835.00
5. Direct Care Expense Per Diem	107.2306		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	112,156		112,156
3. Additional Services Exp & Per Diem	51.2128		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	69.5904		152,403
2. Resident Care Component	186.0580		407,467
3. Property Cost Component	14.7963		32,404
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	270.4447		592,274



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028069100 - 2014/04
312.27
0.00

Claudia Drive Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.049	201.777	280.826			
2. Inflate Line 1 by Inflation Factor 1.02207977	80.794	206.232	287.026			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	81.492	208.014	289.507			
4. Current Period Cost	69.590	186.058	255.648			
5. Incentive Basis (line 3 - line 4)	11.902	21.956	33.858	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	69.590	186.058	255.648			
7. Incentive Line 5 x Oper 50% Res 50%	5.951	10.978	16.929	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.959	5.582	12.541	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.951	5.582	11.533	0.000	0.000	0.000
10. Final Incentive	5.951	5.582	11.533	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	75.541	191.640	267.181	0.000	0.000	0.000
12. Plus: Property Rate Component			14.796			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			281.978			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	77.669	197.038	274.708	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.669	197.038	274.708	0.000	0.000	0.000
19. Property Rate Component			14.796			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.50			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.67			0.00
29. Add-On (QAF less Rate Cut)			2.47			0.00
30. Final Per Diem After Adjustments			312.27			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028427100 - 2014/04
RI:253.81 / NM:327.35

Fern Park, LLC/PHP
 230 Fern Park Boulevard
 Fern Park Fl 32730

Provider Number: 028427100
 Date: 4/17/2014
 FYE: 2/28/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>258.81</u>	<u>253.81</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>330.07</u>	<u>327.35</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (7)
 Home Office:
 Progressive Healthcare Providers

 230 Fern Park Boulevard

 Fern Park Fl 32730

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028427100

Provider Name: **Fern Park, LLC/PHP**
 Provider Number: 28427100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 03/01/2012 - 02/28/2013
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,832	18,251	23,083
2. Operating Expenses Component			
A. Administration			889,154
B. Plant Operation			315,176
C. Laundry			39,027
D. Housekeeping			120,528
E. Operating Expense Component & Per Diem	59.0861	59.0861	1,363,885
3. Resident Care			
A. Dietary			389,546
B. Other			0
C. Nursing			947,010
D. Resident Care & Per Diem	57.9022	57.9022	1,336,556
4. Prop Exp & Per Diem	24.9257	24.9257	575,361
5. ROE/Use Per Diem	0.3208	0.3208	7,406
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,416.00	18,251.00	20,667.00
3. Staffing Percent	11.6901340	88.3098660	100.00
4. Allocation of Direct Care	338,392.21	2,556,289.79	2,894,682.00
5. Direct Care Expense Per Diem	70.0315	140.0630	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,832	18,251	23,083
2. Additional Services	42,580	160,830	203,410
3. Additional Services Exp & Per Diem	8.8121	8.8121	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.0861	59.0861	1,363,885
2. Resident Care Component	136.7458	206.7773	4,434,648
3. Property Cost Component	24.9257	24.9257	575,361
4. ROE/Use Allow Component	0.3208	0.3208	7,406
5 Total Cost Per Diem	221.0785	291.1100	6,381,300



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028427100 - 2014/04
253.81
327.35

Fern Park, LLC/PHP

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2012	2/28/2013	Unaudited [3]	201304
Prior Cost Report	3/1/2011	2/29/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.525	135.663	196.188	60.525	204.700	265.225
2. Inflate Line 1 by Inflation Factor 1.02187126	61.849	138.630	200.479	61.849	209.177	271.026
3. Line 1 x 1.400 x Inflation Factor 1.03061977	62.378	139.817	202.195	62.378	210.968	273.346
4. Current Period Cost	59.086	136.746	195.832	59.086	206.777	265.863
5. Incentive Basis (line 3 - line 4)	3.292	3.071		3.292	4.191	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.086	136.746	195.832	59.086	206.777	265.863
7. Incentive Line 5 x Oper 50% Res 50%	1.646	1.536	3.182	1.646	2.095	3.741
8. Incentive - Line 4 x Oper 10% Res 3%	5.909	4.102	10.011	5.909	6.203	12.112
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.646	1.536	3.182	1.646	2.095	3.741
10. Final Incentive	1.646	1.536	3.182	1.646	2.095	3.741
11. Current Period Base: (line 6 + line 10)	60.732	138.281	199.013	60.732	208.873	269.605
12. Plus: Property Rate Component			24.926			24.926
13. Plus: ROE/Use Rate			0.321			0.321
14. Total Current Period Base			224.260			294.851
15. Prospective Rate: Line 11 x Inflation (1.03576246)	62.904	143.227	206.131	62.904	216.343	279.247
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.904	143.227	206.131	62.904	216.343	279.247
19. Property Rate Component			24.926			24.926
20. ROE Component + ROE Interim Component			0.321			0.321
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	231.38			304.49		
23. Medicaid Days	4,832			18,251		
24. Resident Days	4,832			18,251		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.55			0.70		
29. Add-On (QAF less Rate Cut)	2.01			2.59		
30. Final Per Diem After Adjustments	253.81			327.35		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028500500 - 2014/04
RI:207.96 / NM:0.00

SUNRISE #2 NARANJA
 15190 S.W. 272 Street
 Miami FL 33032

Provider Number: 028500500
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>213.68</u>	<u>207.96</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028500500

Provider Name: **SUNRISE #2 NARANJA**
 Provider Number: 28500500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,371	0	4,371
2. Operating Expenses Component			
A. Administration			97,107
B. Plant Operation			52,628
C. Laundry			2,166
D. Housekeeping			5,238
E. Operating Expense Component & Per Diem	35.9504	0.0000	157,139
3. Resident Care			
A. Dietary			35,263
B. Other			98,674
C. Nursing			11,084
D. Resident Care & Per Diem	33.1780	0.0000	145,021
4. Prop Exp & Per Diem	7.6838	0.0000	33,586
5. ROE/Use Per Diem	0.5209	0.0000	2,277
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,185.50		2,185.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	413,270.00		413,270.00
5. Direct Care Expense Per Diem	94.5482		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,371		4,371
2. Additional Services	23,908		23,908
3. Additional Services Exp & Per Diem	5.4697		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	35.9504		157,139
2. Resident Care Component	133.1958		582,199
3. Property Cost Component	7.6838		33,586
4. ROE/Use Allow Component	0.5209		2,277
5 Total Cost Per Diem	177.3509		775,201



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028500500 - 2014/04
207.96
0.00

SUNRISE #2 NARANJA

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	37.795	133.221	171.016			
2. Inflate Line 1 by Inflation Factor 1.02207977	38.630	136.162	174.792			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	38.963	137.339	176.302			
4. Current Period Cost	35.950	133.196	169.146			
5. Incentive Basis (line 3 - line 4)	3.013	4.143	7.156	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	35.950	133.196	169.146			
7. Incentive Line 5 x Oper 50% Res 50%	1.507	2.072	3.578	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.595	3.996	7.591	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.507	2.072	3.578	0.000	0.000	0.000
10. Final Incentive	1.507	2.072	3.578	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.457	135.267	172.724	0.000	0.000	0.000
12. Plus: Property Rate Component			7.684			0.000
13. Plus: ROE/Use Rate			0.521			0.000
14. Total Current Period Base			180.929			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	38.512	139.078	177.590	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	38.512	139.078	177.590	0.000	0.000	0.000
19. Property Rate Component			7.684			0.000
20. ROE Component + ROE Interim Component			0.521			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			185.79			0.00
23. Medicaid Days		4,371				0
24. Resident Days		4,371				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.45			0.00
29. Add-On (QAF less Rate Cut)			1.64			0.00
30. Final Per Diem After Adjustments			207.96			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028501300 - 2014/04
RI:304.84 / NM:382.83

SUNRISE MAIN FACILITY
22300 SW 162nd Avenue
Miami FL 33170

Provider Number: 028501300
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.05</u>	<u>304.84</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>381.07</u>	<u>382.83</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim <input type="checkbox"/> Total Interim <input type="checkbox"/> Interim Component <input type="checkbox"/> Settlement Based on Costs	<input checked="" type="checkbox"/> Prospective <input type="checkbox"/> Total Prospective <input type="checkbox"/> Prospective Adjusted for New Cost
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Basis

<input type="checkbox"/> Budget <input checked="" type="checkbox"/> Unaudited Costs <input type="checkbox"/> Field Audited Costs <input type="checkbox"/> Field Audit - Interim Portion	<input type="checkbox"/> Desk Audited Costs <input type="checkbox"/> Desk Audit - Interim Portion <input type="checkbox"/> Desk Audit - Prospective Portion
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 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (11)
Home Office:
Sunrise Community

9040 Sunset Drive Suite 70-A

Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028501300

Provider Name: **SUNRISE MAIN FACILITY**
 Provider Number: 28501300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	25,962	16,365	42,327
2. Operating Expenses Component			
A. Administration			1,706,867
B. Plant Operation			1,058,563
C. Laundry			28,511
D. Housekeeping			172,160
E. Operating Expense Component & Per Diem	70.0759	70.0759	2,966,101
3. Resident Care			
A. Dietary			1,431,320
B. Other			1,088,759
C. Nursing			2,004,729
D. Resident Care & Per Diem	106.9012	106.9012	4,524,808
4. Prop Exp & Per Diem	12.1622	12.1622	514,789
5. ROE/Use Per Diem	0.8079	0.8079	34,196
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,981.00	16,365.00	29,346.00
3. Staffing Percent	44.2343079	55.7656921	100.00
4. Allocation of Direct Care	2,001,264.48	2,522,971.52	4,524,236.00
5. Direct Care Expense Per Diem	77.0844	154.1687	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	25,962	16,365	42,327
2. Additional Services	341,156	215,048	556,204
3. Additional Services Exp & Per Diem	13.1406	13.1407	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	70.0759	70.0759	2,966,101
2. Resident Care Component	197.1262	274.2107	9,605,248
3. Property Cost Component	12.1622	12.1622	514,789
4. ROE/Use Allow Component	0.8079	0.8079	34,196
5 Total Cost Per Diem	280.1721	357.2566	13,120,334



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028501300 - 2014/04
304.84
382.83

SUNRISE MAIN FACILITY

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.983	189.943	253.927	63.983	263.097	327.080
2. Inflate Line 1 by Inflation Factor 1.02207977	65.396	194.137	259.533	65.396	268.906	334.302
3. Line 1 x 1.400 x Inflation Factor 1.03091168	65.961	195.815	261.776	65.961	271.230	337.191
4. Current Period Cost	70.076	197.126	267.202	70.076	274.211	344.287
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	65.961	195.815	261.776	65.961	271.230	337.191
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	65.961	195.815	261.776	65.961	271.230	337.191
12. Plus: Property Rate Component			12.162			12.162
13. Plus: ROE/Use Rate			0.808			0.808
14. Total Current Period Base			274.746			350.161
15. Prospective Rate: Line 11 x Inflation (1.02817040)	67.819	201.331	269.150	67.819	278.870	346.690
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.819	201.331	269.150	67.819	278.870	346.690
19. Property Rate Component			12.162			12.162
20. ROE Component + ROE Interim Component			0.808			0.808
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.12			359.66
23. Medicaid Days		25,962			16,365	
24. Resident Days		25,962			16,365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.66			0.82
29. Add-On (QAF less Rate Cut)			2.41			3.03
30. Final Per Diem After Adjustments			304.84			382.83



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028505600 - 2014/04
RI:294.79 / NM:446.15

PARC COTTAGE
 3101 76th Way North
 St. Petersburg FL 33710

Provider Number: 028505600
 Date: 4/17/2014
 FYE: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>305.93</u>	<u>294.79</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>451.53</u>	<u>446.15</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (29)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028505600

Provider Name: **PARC COTTAGE**
 Provider Number: 28505600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 10/01/2012 - 09/30/2013
 Days In Reporting Period: 365
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,650	2,190	5,840
2. Operating Expenses Component			
A. Administration			265,234
B. Plant Operation			44,153
C. Laundry			9,130
D. Housekeeping			13,812
E. Operating Expense Component & Per Diem	56.9057	56.9057	332,329
3. Resident Care			
A. Dietary			74,145
B. Other			0
C. Nursing			84,672
D. Resident Care & Per Diem	27.1947	27.1947	158,817
4. Prop Exp & Per Diem	8.3771	8.3771	48,922
5. ROE/Use Per Diem	0.7416	0.7416	4,331
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,825.00	2,190.00	4,015.00
3. Staffing Percent	45.4545455	54.5454545	100.00
4. Allocation of Direct Care	612,690.91	735,229.09	1,347,920.00
5. Direct Care Expense Per Diem	167.8605	335.7210	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,650	2,190	5,840
2. Additional Services	38,541	23,125	61,666
3. Additional Services Exp & Per Diem	10.5592	10.5594	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.9057	56.9057	332,329
2. Resident Care Component	205.6144	373.4751	1,568,403
3. Property Cost Component	8.3771	8.3771	48,922
4. ROE/Use Allow Component	0.7416	0.7416	4,331
5 Total Cost Per Diem	271.6387	439.4994	1,953,985



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028505600 - 2014/04
294.79
446.15

PARC COTTAGE

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited [3]	201310
Prior Cost Report	10/1/2011	9/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.481	189.085	254.566	65.481	331.800	397.281
2. Inflate Line 1 by Inflation Factor 1.02185557	66.912	193.218	260.130	66.912	339.051	405.964
3. Line 1 x 1.400 x Inflation Factor 1.03059780	67.485	194.871	262.355	67.485	341.952	409.437
4. Current Period Cost	56.906	205.614	262.520	56.906	373.475	430.381
5. Incentive Basis (line 3 - line 4)	10.579	0.000		10.579	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.906	194.871	251.776	56.906	341.952	398.858
7. Incentive Line 5 x Oper 50% Res 50%	5.289	0.000	5.289	5.289	0.000	5.289
8. Incentive - Line 4 x Oper 10% Res 3%	5.691	0.000	5.691	5.691	0.000	5.691
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.289	0.000	5.289	5.289	0.000	5.289
10. Final Incentive	5.289	0.000	5.289	5.289	0.000	5.289
11. Current Period Base: (line 6 + line 10)	62.195	194.871	257.066	62.195	341.952	404.147
12. Plus: Property Rate Component			8.377			8.377
13. Plus: ROE/Use Rate			0.742			0.742
14. Total Current Period Base			266.184			413.266
15. Prospective Rate: Line 11 x Inflation (1.02312015)	63.633	199.376	263.009	63.633	349.858	413.491
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.633	199.376	263.009	63.633	349.858	413.491
19. Property Rate Component			8.377			8.377
20. ROE Component + ROE Interim Component			0.742			0.742
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			272.13			422.61
23. Medicaid Days		3,650			2,190	
24. Resident Days		3,650			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.63			0.96
29. Add-On (QAF less Rate Cut)			2.33			3.53
30. Final Per Diem After Adjustments			294.79			446.15



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028512900 - 2014/04
RI:268.27 / NM:0.00

MACtown, Inc.
 6250 N.E. First Place
 Miami FL 33138

Provider Number: 028512900
 Date: 4/17/2014
 FYE: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.38</u>	<u>268.27</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:

 For Information only - No Change in rate



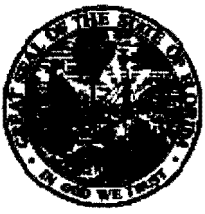
Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028512900

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 10/01/2012 - 09/30/2013
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	20,063	0	20,063
2. Operating Expenses Component			
A. Administration			636,459
B. Plant Operation			144,874
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	38.9440	0.0000	781,333
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000	0.0000	
4. Prop Exp & Per Diem	14.2290	0.0000	285,476
5. ROE/Use Per Diem	0.2149	0.0000	4,311
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,031.50		10,031.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	3,775,286.00		3,775,286.00
5. Direct Care Expense Per Diem	188.1716		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	20,063		20,063
2. Additional Services	0		0
3. Additional Services Exp & Per Diem			
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.9440		781,333
2. Resident Care Component	188.1716		3,775,286
3. Property Cost Component	14.2290		285,476
4. ROE/Use Allow Component	0.2149		4,311
5 Total Cost Per Diem	241.5594		4,846,406



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028512900 - 2014/04
268.27
0.00

MACtown, Inc.

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited [3]	201310
Prior Cost Report	10/1/2011	9/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	34.266	187.633	221.899			
2. Inflate Line 1 by Inflation Factor 1.02185557	35.015	191.733	226.749			
3. Line 1 x 1.400 x Inflation Factor 1.03059780	35.315	193.374	228.689			
4. Current Period Cost	38.944	188.172	227.116			
5. Incentive Basis (line 3 - line 4)	0.000	5.202	5.202	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	35.315	188.172	223.487			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.601	2.601	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.645	5.645	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.601	2.601	0.000	0.000	0.000
10. Final Incentive	0.000	2.601	2.601	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	35.315	190.773	226.088	0.000	0.000	0.000
12. Plus: Property Rate Component			14.229			0.000
13. Plus: ROE/Use Rate			0.215			0.000
14. Total Current Period Base			240.532			0.000
15. Prospective Rate: Line 11 x Inflation (1.02312015)	36.131	195.183	231.315	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	36.131	195.183	231.315	0.000	0.000	0.000
19. Property Rate Component			14.229			0.000
20. ROE Component + ROE Interim Component			0.215			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			245.76			0.00
23. Medicaid Days		20,063				0
24. Resident Days		20,063				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.58			0.00
29. Add-On (QAF less Rate Cut)			2.12			0.00
30. Final Per Diem After Adjustments			268.27			0.00



Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028513700

Provider Name: **New Horizons of NW Florida, Inc.**
 Provider Number: 28513700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 10/01/2012 - 09/30/2013
 Days In Reporting Period: 365
 Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,922	8,631	10,553
2. Operating Expenses Component			
A. Administration			703,082
B. Plant Operation			182,245
C. Laundry			44,989
D. Housekeeping			65,292
E. Operating Expense Component & Per Diem	94,3436	94,3436	995,608
3. Resident Care			
A. Dietary			257,815
B. Other			59,937
C. Nursing			504,306
D. Resident Care & Per Diem	77,8980	77,8980	822,058
4. Prop Exp & Per Diem	3,6736	3,6736	38,767
5. ROE/Use Per Diem	1,1753	1,1753	12,403
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	961.00	8,631.00	9,592.00
3. Staffing Percent	10.0187656	89.9812344	100.00
4. Allocation of Direct Care	109,043.54	979,349.46	1,088,393.00
5. Direct Care Expense Per Diem	56.7344	113.4688	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,922	8,631	10,553
2. Additional Services	62,779	176,857	239,636
3. Additional Services Exp & Per Diem	32.6634	20.4909	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	94.3436	94.3436	995,608
2. Resident Care Component	167.2958	211.8578	2,150,087
3. Property Cost Component	3.6736	3.6736	38,767
4. ROE/Use Allow Component	1.1753	1.1753	12,403
5 Total Cost Per Diem	266.4883	311.0502	3,196,865



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028513700 - 2014/04
284.46
333.63

New Horizons of NW Florida, Inc.

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited [3]	201310
Prior Cost Report	10/1/2011	9/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.110	166.926	246.036	79.110	216.412	295.522
2. Inflate Line 1 by Inflation Factor 1.02185557	80.839	170.574	251.413	80.839	221.141	301.980
3. Line 1 x 1.400 x Inflation Factor 1.03059780	81.531	172.033	253.564	81.531	223.033	304.564
4. Current Period Cost	94.344	167.296	261.639	94.344	211.858	306.201
5. Incentive Basis (line 3 - line 4)	0.000	4.737	4.737	0.000	11.176	11.176
6. Allowed Current Period Costs (Min of line 3 or 4)	81.531	167.296	248.826	81.531	211.858	293.388
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.369	2.369	0.000	5.588	5.588
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.019	5.019	0.000	6.356	6.356
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.369	2.369	0.000	5.588	5.588
10. Final Incentive	0.000	2.369	2.369	0.000	5.588	5.588
11. Current Period Base: (line 6 + line 10)	81.531	169.665	251.195	81.531	217.446	298.976
12. Plus: Property Rate Component			3.674			3.674
13. Plus: ROE/Use Rate			1.175			1.175
14. Total Current Period Base			256.044			303.825
15. Prospective Rate: Line 11 x Inflation (1.02312015)	83.416	173.587	257.003	83.416	222.473	305.889
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.416	173.587	257.003	83.416	222.473	305.889
19. Property Rate Component			3.674			3.674
20. ROE Component + ROE Interim Component			1.175			1.175
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			261.85			310.74
23. Medicaid Days		1,922			8,631	
24. Resident Days		1,922			8,631	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.61			0.72
29. Add-On (QAF less Rate Cut)			2.25			2.64
30. Final Per Diem After Adjustments			284.46			333.63



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028519600 - 2014/04
RI:334.78 / NM:0.00

BARC Housing, Inc.
 2750 SW 75th Avenue
 Davie FL 33314

Provider Number: 028519600
 Date: 4/17/2014
 FYE: 9/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.65</u>	<u>334.78</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028519600

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 10/01/2012 - 09/30/2013
 Days In Reporting Period: 365
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	12,895	0	12,895
2. Operating Expenses Component			
A. Administration			935,327
B. Plant Operation			192,326
C. Laundry			717
D. Housekeeping			60,209
E. Operating Expense Component & Per Diem	92.1736	0.0000	1,188,579
3. Resident Care			
A. Dietary			289,760
B. Other			450,487
C. Nursing			227,101
D. Resident Care & Per Diem	75.0173	0.0000	967,348
4. Prop Exp & Per Diem	16.2122	0.0000	209,056
5. ROE/Use Per Diem	0.2577	0.0000	3,323
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,447.50		6,447.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	1,612,984.00		1,612,984.00
5. Direct Care Expense Per Diem	125.0860		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	12,895		12,895
2. Additional Services	103,218		103,218
3. Additional Services Exp & Per Diem	8.0045		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.1736		1,188,579
2. Resident Care Component	208.1078		2,683,550
3. Property Cost Component	16.2122		209,056
4. ROE/Use Allow Component	0.2577		3,323
5 Total Cost Per Diem	316.7513		4,084,508



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028519600 - 2014/04
334.78
0.00

BARC Housing, Inc.

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2012	9/30/2013	Unaudited [3]	201310
Prior Cost Report	10/1/2011	9/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	91.816	189.543	281.359			
2. Inflate Line 1 by Inflation Factor 1.02185557	93.823	193.686	287.509			
3. Line 1 x 1.400 x Inflation Factor 1.03059780	94.626	195.343	289.968			
4. Current Period Cost	92.174	208.108	300.281			
5. Incentive Basis (line 3 - line 4)	2.452	0.000	2.452	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	92.174	195.343	287.516			
7. Incentive Line 5 x Oper 50% Res 50%	1.226	0.000	1.226	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.217	0.000	9.217	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.226	0.000	1.226	0.000	0.000	0.000
10. Final Incentive	1.226	0.000	1.226	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	93.400	195.343	288.742	0.000	0.000	0.000
12. Plus: Property Rate Component			16.212			0.000
13. Plus: ROE/Use Rate			0.258			0.000
14. Total Current Period Base			305.212			0.000
15. Prospective Rate: Line 11 x Inflation (1.02312015)	95.559	199.859	295.418	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	95.559	199.859	295.418	0.000	0.000	0.000
19. Property Rate Component			16.212			0.000
20. ROE Component + ROE Interim Component			0.258			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			311.89			0.00
23. Medicaid Days		12,895				0
24. Resident Days		12,895				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.72			0.00
29. Add-On (QAF less Rate Cut)			2.65			0.00
30. Final Per Diem After Adjustments			334.78			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028520000

Provider Name: **PENSACOLA DEV CTR**
 Provider Number: 28520000
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	10,490	12,263	22,753
2. Operating Expenses Component			
A. Administration			627,658
B. Plant Operation			379,772
C. Laundry			8,290
D. Housekeeping			199,414
E. Operating Expense Component & Per Diem	53.4054	53.4054	1,215,134
3. Resident Care			
A. Dietary			359,204
B. Other			0
C. Nursing			701,934
D. Resident Care & Per Diem	46.6373	46.6373	1,061,138
4. Prop Exp & Per Diem	14.7982	14.7982	336,703
5. ROE/Use Per Diem	0.7372	0.7372	16,774
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,245.00	12,263.00	17,508.00
3. Staffing Percent	29.9577336	70.0422664	100.00
4. Allocation of Direct Care	816,667.89	1,909,399.11	2,726,067.00
5. Direct Care Expense Per Diem	77.8520	155.7041	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	10,490	12,263	22,753
2. Additional Services	88,351	103,284	191,635
3. Additional Services Exp & Per Diem	8.4224	8.4224	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	53.4054	53.4054	1,215,134
2. Resident Care Component	132.9117	210.7638	3,978,840
3. Property Cost Component	14.7982	14.7982	336,703
4. ROE/Use Allow Component	0.7372	0.7372	16,774
5 Total Cost Per Diem	201.8526	279.7046	5,547,451



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028520000 - 2014/04
229.79
311.25

PENSACOLA DEV CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.804	131.044	181.847	50.804	208.093	258.896
2. Inflate Line 1 by Inflation Factor 1.02197521	51.920	133.923	185.843	51.920	212.666	264.586
3. Line 1 x 1.400 x Inflation Factor 1.03076529	52.367	135.075	187.442	52.367	214.495	266.861
4. Current Period Cost	53.405	132.912	186.317	53.405	210.764	264.169
5. Incentive Basis (line 3 - line 4)	0.000	2.164	2.164	0.000	3.731	3.731
6. Allowed Current Period Costs (Min of line 3 or 4)	52.367	132.912	185.278	52.367	210.764	263.130
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.082	1.082	0.000	1.866	1.866
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.987	3.987	0.000	6.323	6.323
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.082	1.082	0.000	1.866	1.866
10. Final Incentive	0.000	1.082	1.082	0.000	1.866	1.866
11. Current Period Base: (line 6 + line 10)	52.367	133.994	186.360	52.367	212.629	264.996
12. Plus: Property Rate Component			14.798			14.798
13. Plus: ROE/Use Rate			0.737			0.737
14. Total Current Period Base			201.895			280.531
15. Prospective Rate: Line 11 x Inflation (1.03003731)	53.940	138.018	191.958	53.940	219.016	272.956
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.940	138.018	191.958	53.940	219.016	272.956
19. Property Rate Component			14.798			14.798
20. ROE Component + ROE Interim Component			0.737			0.737
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.49			288.49
23. Medicaid Days		10,490			12,263	
24. Resident Days		10,490			12,263	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.67
29. Add-On (QAF less Rate Cut)			1.82			2.46
30. Final Per Diem After Adjustments			229.79			311.25



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028521800 - 2014/04
RI:319.24 / NM:398.32

ANN STORCK CENTER
 1790 S.W. 43rd Way
 Ft. Lauderdale FL 33317

Provider Number: 028521800
 Date: 4/17/2014
 FYE: 9/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.40</u>	<u>319.24</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>403.13</u>	<u>398.32</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

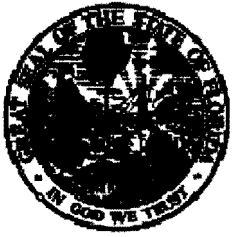

 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
ANN STORCK CENTER

1790 S.W. 43RD WAY
FT. LAUDERDALE FL 33317

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2013 to 04/2014

028521800

Provider Name: **ANN STORCK CENTER**
 Provider Number: 28521800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 10/01/2011 - 09/30/2012
 Days In Reporting Period: 366
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	366	17,036	17,402
2. Operating Expenses Component			
A. Administration			657,199
B. Plant Operation			611,613
C. Laundry			53,712
D. Housekeeping			124,931
E. Operating Expense Component & Per Diem	83.1775	83.1775	1,447,455
3. Resident Care			
A. Dietary			365,863
B. Other			0
C. Nursing			1,042,585
D. Resident Care & Per Diem	80.9360	80.9360	1,408,448
4. Prop Exp & Per Diem	11.4445	11.4445	199,157
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	183.00	17,036.00	17,219.00
3. Staffing Percent	1.0627795	98.9372205	100.00
4. Allocation of Direct Care	26,630.75	2,479,133.25	2,505,764.00
5. Direct Care Expense Per Diem	72.7616	145.5232	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	366	17,036	17,402
2. Additional Services	14,784	688,032	702,816
3. Additional Services Exp & Per Diem	40.3934	40.3869	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83.1775	83.1775	1,447,455
2. Resident Care Component	194.0910	266.8461	4,617,028
3. Property Cost Component	11.4445	11.4445	199,157
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	288.7130	361.4681	6,263,640



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028521800 - 2014/04
319.24
398.32

ANN STORCK CENTER

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2011	9/30/2012	Unaudited [3]	201210
Prior Cost Report	10/1/2010	9/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.844	194.776	267.619	72.844	270.089	342.933
2. Inflate Line 1 by Inflation Factor 1.02228283	74.467	199.116	273.583	74.467	276.108	350.574
3. Line 1 x 1.400 x Inflation Factor 1.03119596	75.116	200.852	275.968	75.116	278.515	353.631
4. Current Period Cost	83.178	194.091	277.269	83.178	266.846	350.024
5. Incentive Basis (line 3 - line 4)	0.000	6.761	6.761	0.000	11.669	11.669
6. Allowed Current Period Costs (Min of line 3 or 4)	75.116	194.091	269.207	75.116	266.846	341.962
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.380	3.380	0.000	5.834	5.834
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.823	5.823	0.000	8.005	8.005
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.380	3.380	0.000	5.834	5.834
10. Final Incentive	0.000	3.380	3.380	0.000	5.834	5.834
11. Current Period Base: (line 6 + line 10)	75.116	197.472	272.588	75.116	272.680	347.797
12. Plus: Property Rate Component			11.444			11.444
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			284.032			359.241
15. Prospective Rate: Line 11 x Inflation (1.04548102)	78.532	206.453	284.985	78.532	285.082	363.615
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.532	206.453	284.985	78.532	285.082	363.615
19. Property Rate Component			11.444			11.444
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			296.43			375.06
23. Medicaid Days			366			17,036
24. Resident Days			366			17,036
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.69			0.86
29. Add-On (QAF less Rate Cut)			2.52			3.15
30. Final Per Diem After Adjustments			319.24			398.32



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028522600 - 2014/04
RI:242.49 / NM:321.86

Tallahassee Developmental
 455 Appleyard Drive
 Tallahassee FL 32304

Provider Number: 028522600
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>248.34</u>	<u>242.49</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>325.34</u>	<u>321.86</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 DDMS

 468 Halle Park Drive

 Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028522600

Provider Name: **Tallahassee Developmental**
 Provider Number: 28522600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,919	17,007	19,926
2. Operating Expenses Component			
A. Administration			695,353
B. Plant Operation			338,281
C. Laundry			6,187
D. Housekeeping			162,021
E. Operating Expense Component & Per Diem	60.3153	60.3153	1,201,842
3. Resident Care			
A. Dietary			451,872
B. Other			0
C. Nursing			782,410
D. Resident Care & Per Diem	61.9433	61.9433	1,234,282
4. Prop Exp & Per Diem	12.4375	12.4375	247,830
5. ROE/Use Per Diem	1.0650	1.0650	21,221
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,459.50	17,007.00	18,466.50
3. Staffing Percent	7.9035009	92.0964991	100.00
4. Allocation of Direct Care	249,801.45	2,910,841.55	3,160,643.00
5. Direct Care Expense Per Diem	85.5777	171.1555	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,919	17,007	19,926
2. Additional Services	33,663	196,124	229,787
3. Additional Services Exp & Per Diem	11.5324	11.5320	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.3153	60.3153	1,201,842
2. Resident Care Component	159.0534	244.6307	4,624,712
3. Property Cost Component	12.4375	12.4375	247,830
4. ROE/Use Allow Component	1.0650	1.0650	21,221
5 Total Cost Per Diem	232.8712	318.4485	6,095,605



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028522600 - 2014/04
242.49
321.86

Tallahassee Developmental

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201304
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.940	140.671	194.611	53.940	214.992	268.932
2. Inflate Line 1 by Inflation Factor 1.02197521	55.125	143.762	198.887	55.125	219.717	274.842
3. Line 1 x 1.400 x Inflation Factor 1.03076529	55.599	144.999	200.598	55.599	221.607	277.206
4. Current Period Cost	60.315	159.053	219.369	60.315	244.631	304.946
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	55.599	144.999	200.598	55.599	221.607	277.206
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	55.599	144.999	200.598	55.599	221.607	277.206
12. Plus: Property Rate Component			12.438			12.438
13. Plus: ROE/Use Rate			1.065			1.065
14. Total Current Period Base			214.100			290.708
15. Prospective Rate: Line 11 x Inflation (1.03003731)	57.269	149.354	206.623	57.269	228.263	285.532
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.269	149.354	206.623	57.269	228.263	285.532
19. Property Rate Component			12.438			12.438
20. ROE Component + ROE Interim Component			1.065			1.065
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			220.13			299.03
23. Medicaid Days		2,919			17,007	
24. Resident Days		2,919			17,007	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.52			0.69
29. Add-On (QAF less Rate Cut)			1.92			2.54
30. Final Per Diem After Adjustments			242.49			321.86



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028524200 - 2014/04
RI:237.19 / NM:332.50

FT WALTON BCH DEVELOP CTR
 113 Barks Drive
 Ft. Walton Beach FL 32547

Provider Number: 028524200
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.99</u>	<u>237.19</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>337.56</u>	<u>332.50</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 DDMS

468 Halle Park Drive
Collierville TN 38017

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028524200

Provider Name: **FT WALTON BCH DEVELOP CTR**
 Provider Number: 28524200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	13,216	8,291	21,507
2. Operating Expenses Component			
A. Administration			711,810
B. Plant Operation			337,950
C. Laundry			2,588
D. Housekeeping			179,266
E. Operating Expense Component & Per Diem	57.2657	57.2657	1,231,614
3. Resident Care			
A. Dietary			366,717
B. Other			0
C. Nursing			593,917
D. Resident Care & Per Diem	44.6661	44.6661	960,634
4. Prop Exp & Per Diem	10.5795	10.5795	227,533
5. ROE/Use Per Diem	1.5807	1.5807	33,996
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,608.00	8,291.00	14,899.00
3. Staffing Percent	44.3519699	55.6480301	100.00
4. Allocation of Direct Care	1,201,658.97	1,507,711.03	2,709,370.00
5. Direct Care Expense Per Diem	90.9246	181.8491	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	13,216	8,291	21,507
2. Additional Services	108,952	68,350	177,302
3. Additional Services Exp & Per Diem	8.2439	8.2439	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.2657	57.2657	1,231,614
2. Resident Care Component	143.8346	234.7591	3,847,306
3. Property Cost Component	10.5795	10.5795	227,533
4. ROE/Use Allow Component	1.5807	1.5807	33,996
5 Total Cost Per Diem	213.2605	304.1850	5,340,449



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028524200 - 2014/04
237.19
332.50

FT WALTON BCH DEVELOP CTR

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.557	139.352	190.909	51.557	229.469	281.026
2. Inflate Line 1 by Inflation Factor 1.02197521	52.690	142.414	195.104	52.690	234.511	287.201
3. Line 1 x 1.400 x Inflation Factor 1.03076529	53.143	143.639	196.782	53.143	236.528	289.671
4. Current Period Cost	57.266	143.835	201.100	57.266	234.759	292.025
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	1.769	1.769
6. Allowed Current Period Costs (Min of line 3 or 4)	53.143	143.639	196.782	53.143	234.759	287.902
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.885	0.885
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	7.043	7.043
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.885	0.885
10. Final Incentive	0.000	0.000	0.000	0.000	0.885	0.885
11. Current Period Base: (line 6 + line 10)	53.143	143.639	196.782	53.143	235.644	288.787
12. Plus: Property Rate Component			10.579			10.579
13. Plus: ROE/Use Rate			1.581			1.581
14. Total Current Period Base			208.942			300.947
15. Prospective Rate: Line 11 x Inflation (1.03003731)	54.739	147.953	202.693	54.739	242.722	297.461
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.739	147.953	202.693	54.739	242.722	297.461
19. Property Rate Component			10.579			10.579
20. ROE Component + ROE Interim Component			1.581			1.581
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			214.85			309.62
23. Medicaid Days		13,216			8,291	
24. Resident Days		13,216			8,291	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.51			0.72
29. Add-On (QAF less Rate Cut)			1.87			2.63
30. Final Per Diem After Adjustments			237.19			332.50



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028526900 - 2014/04
RI:229.39 / NM:303.46

PANAMA CITY DEV CTR
P.O. Box 456
Panama City FL 32402

Provider Number: 028526900
Date: 4/17/2014
FYE: 5/31/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.17</u>	<u>229.39</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>307.03</u>	<u>303.46</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


W. Rydell Samuel
Medicaid Cost Reimbursement Analysis

Distribution:
Contract Management
DPODS - DCF (2)
Home Office:
DDMS

468 Halle Park Drive
Collierville TN 38017

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028526900

Provider Name: **PANAMA CITY DEV CTR**
 Provider Number: 28526900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,387	19,378	20,765
2. Operating Expenses Component			
A. Administration			654,350
B. Plant Operation			332,244
C. Laundry			2,472
D. Housekeeping			190,283
E. Operating Expense Component & Per Diem	56.7950	56.7950	1,179,349
3. Resident Care			
A. Dietary			412,754
B. Other			0
C. Nursing			680,221
D. Resident Care & Per Diem	52.6354	52.6354	1,092,975
4. Prop Exp & Per Diem	14.2487	14.2487	295,875
5. ROE/Use Per Diem	1.1857	1.1857	24,622
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	693.50	19,378.00	20,071.50
3. Staffing Percent	3.4551478	96.5448522	100.00
4. Allocation of Direct Care	102,294.25	2,858,338.75	2,960,633.00
5. Direct Care Expense Per Diem	73.7522	147.5043	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,387	19,378	20,765
2. Additional Services	10,736	149,985	160,721
3. Additional Services Exp & Per Diem	7.7404	7.7400	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.7950	56.7950	1,179,349
2. Resident Care Component	134.1281	207.8797	4,214,329
3. Property Cost Component	14.2487	14.2487	295,875
4. ROE/Use Allow Component	1.1857	1.1857	24,622
5 Total Cost Per Diem	206.3576	280.1092	5,714,175



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028526900 - 2014/04
229.39
303.46

PANAMA CITY DEV CTR

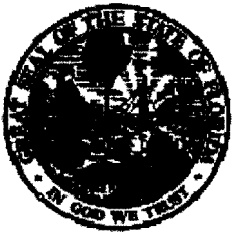
Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201304
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.716	126.805	180.521	53.716	196.170	249.886
2. Inflate Line 1 by Inflation Factor 1.02197521	54.896	129.592	184.488	54.896	200.481	255.377
3. Line 1 x 1.400 x Inflation Factor 1.03076529	55.369	130.706	186.075	55.369	202.205	257.574
4. Current Period Cost	56.795	134.128	190.923	56.795	207.880	264.675
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	55.369	130.706	186.075	55.369	202.205	257.574
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	55.369	130.706	186.075	55.369	202.205	257.574
12. Plus: Property Rate Component			14.249			14.249
13. Plus: ROE/Use Rate			1.186			1.186
14. Total Current Period Base			201.509			273.008
15. Prospective Rate: Line 11 x Inflation (1.03003731)	57.032	134.632	191.664	57.032	208.279	265.310
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.032	134.632	191.664	57.032	208.279	265.310
19. Property Rate Component			14.249			14.249
20. ROE Component + ROE Interim Component			1.186			1.186
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.10			280.74
23. Medicaid Days		1,387			19,378	
24. Resident Days		1,387			19,378	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.65
29. Add-On (QAF less Rate Cut)			1.81			2.40
30. Final Per Diem After Adjustments			229.39			303.46



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028530700

Provider Name: **HILLSBOROUGH DEVELOPMENT**
 Provider Number: 28530700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,895	18,573	22,468
2. Operating Expenses Component			
A. Administration			671,555
B. Plant Operation			400,188
C. Laundry			4,830
D. Housekeeping			145,761
E. Operating Expense Component & Per Diem	54.4033	54.4033	1,222,334
3. Resident Care			
A. Dietary			371,756
B. Other			0
C. Nursing			720,659
D. Resident Care & Per Diem	48.6209	48.6209	1,092,415
4. Prop Exp & Per Diem	4.9650	4.9650	111,553
5. ROE/Use Per Diem	1.1207	1.1207	25,179
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,947.50	18,573.00	20,520.50
3. Staffing Percent	9.4905095	90.5094905	100.00
4. Allocation of Direct Care	265,244.18	2,529,591.82	2,794,836.00
5. Direct Care Expense Per Diem	68.0986	136.1973	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,895	18,573	22,468
2. Additional Services	39,166	186,762	225,928
3. Additional Services Exp & Per Diem	10.0555	10.0556	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	54.4033	54.4033	1,222,334
2. Resident Care Component	126.7750	194.8738	4,113,179
3. Property Cost Component	4.9650	4.9650	111,553
4. ROE/Use Allow Component	1.1207	1.1207	25,179
5 Total Cost Per Diem	187.2640	255.3627	5,472,245



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028530700 - 2014/04
208.06
277.51

HILLSBOROUGH DEVELOPMENT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.189	120.169	169.358	49.189	185.201	234.390
2. Inflate Line 1 by Inflation Factor 1.02197521	50.270	122.810	173.080	50.270	189.271	239.541
3. Line 1 x 1.400 x Inflation Factor 1.03076529	50.702	123.866	174.569	50.702	190.899	241.601
4. Current Period Cost	54.403	126.775	181.178	54.403	194.874	249.277
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	50.702	123.866	174.569	50.702	190.899	241.601
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	50.702	123.866	174.569	50.702	190.899	241.601
12. Plus: Property Rate Component			4.965			4.965
13. Plus: ROE/Use Rate			1.121			1.121
14. Total Current Period Base			180.654			247.687
15. Prospective Rate: Line 11 x Inflation (1.03003731)	52.225	127.587	179.812	52.225	196.633	248.858
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.225	127.587	179.812	52.225	196.633	248.858
19. Property Rate Component			4.965			4.965
20. ROE Component + ROE Interim Component			1.121			1.121
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			185.90			254.94
23. Medicaid Days		3,895			18,573	
24. Resident Days		3,895			18,573	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.45			0.60
29. Add-On (QAF less Rate Cut)			1.64			2.19
30. Final Per Diem After Adjustments			208.06			277.51



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028531500 - 2014/04
RI:352.05 / NM:429.01

Woodhouse, Inc
 1001 N.E. 3rd Avenue
 Pompano Beach FL 33060

Provider Number: 028531500
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>361.21</u>	<u>352.05</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>439.67</u>	<u>429.01</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

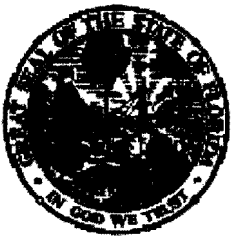
Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (10)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028531500

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,825	6,663	8,488
2. Operating Expenses Component			
A. Administration			614,817
B. Plant Operation			203,745
C. Laundry			1,165
D. Housekeeping			108,360
E. Operating Expense Component & Per Diem	109.3411	109.3411	928,087
3. Resident Care			
A. Dietary			238,637
B. Other			0
C. Nursing			450,798
D. Resident Care & Per Diem	81.2247	81.2247	689,435
4. Prop Exp & Per Diem	19.1911	19.1911	162,894
5. ROE/Use Per Diem	1.5026	1.5026	12,754
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	6,663.00	7,575.50
3. Staffing Percent	12.0454095	87.9545905	100.00
4. Allocation of Direct Care	127,729.04	932,666.96	1,060,396.00
5. Direct Care Expense Per Diem	69.9885	139.9770	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,825	6,663	8,488
2. Additional Services	81,817	298,711	380,528
3. Additional Services Exp & Per Diem	44.8312	44.8313	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	109.3411	109.3411	928,087
2. Resident Care Component	196.0444	266.0330	2,130,359
3. Property Cost Component	19.1911	19.1911	162,894
4. ROE/Use Allow Component	1.5026	1.5026	12,754
5 Total Cost Per Diem	326.0792	396.0678	3,234,094



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028531500 - 2014/04
352.05
429.01

Woodhouse, Inc

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	97.931	195.809	293.740	97.931	272.310	370.241
2. Inflate Line 1 by Inflation Factor 1.02207977	100.093	200.133	300.226	100.093	278.322	378.415
3. Line 1 x 1.400 x Inflation Factor 1.03091168	100.958	201.862	302.820	100.958	280.727	381.685
4. Current Period Cost	109.341	196.044	305.385	109.341	266.033	375.374
5. Incentive Basis (line 3 - line 4)	0.000	5.818	5.818	0.000	14.694	14.694
6. Allowed Current Period Costs (Min of line 3 or 4)	100.958	196.044	297.002	100.958	266.033	366.991
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.909	2.909	0.000	7.347	7.347
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.881	5.881	0.000	7.981	7.981
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.909	2.909	0.000	7.347	7.347
10. Final Incentive	0.000	2.909	2.909	0.000	7.347	7.347
11. Current Period Base: (line 6 + line 10)	100.958	198.953	299.911	100.958	273.380	374.338
12. Plus: Property Rate Component			19.191			19.191
13. Plus: ROE/Use Rate			1.503			1.503
14. Total Current Period Base			320.605			395.032
15. Prospective Rate: Line 11 x Inflation (1.02817040)	103.802	204.558	308.360	103.802	281.081	384.883
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	103.802	204.558	308.360	103.802	281.081	384.883
19. Property Rate Component			19.191			19.191
20. ROE Component + ROE Interim Component			1.503			1.503
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			329.05			405.58
23. Medicaid Days		1,825			6,663	
24. Resident Days		1,825			6,663	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.76			0.92
29. Add-On (QAF less Rate Cut)			2.78			3.39
30. Final Per Diem After Adjustments			352.05			429.01



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028533100

Provider Name: **SUNRISE CAPE CORAL CLUS**
 Provider Number: 28533100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	847	7,809	8,656
2. Operating Expenses Component			
A. Administration			428,467
B. Plant Operation			142,785
C. Laundry			5,252
D. Housekeeping			66,895
E. Operating Expense Component & Per Diem	74.3298	74.3298	643,399
3. Resident Care			
A. Dietary			126,351
B. Other			160,263
C. Nursing			368,237
D. Resident Care & Per Diem	75.6528	75.6528	654,851
4. Prop Exp & Per Diem	19.2390	19.2390	166,533
5. ROE/Use Per Diem	2.2953	2.2953	19,868
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	423.50	7,809.00	8,232.50
3. Staffing Percent	5.1442454	94.8557546	100.00
4. Allocation of Direct Care	72,553.36	1,337,825.64	1,410,379.00
5. Direct Care Expense Per Diem	85.6592	171.3184	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	847	7,809	8,656
2. Additional Services	8,711	80,309	89,020
3. Additional Services Exp & Per Diem	10.2845	10.2842	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	74.3298	74.3298	643,399
2. Resident Care Component	171.5966	257.2554	2,154,250
3. Property Cost Component	19.2390	19.2390	166,533
4. ROE/Use Allow Component	2.2953	2.2953	19,868
5 Total Cost Per Diem	267.4607	353.1196	2,984,050



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028533100 - 2014/04
304.49
394.92

SUNRISE CAPE CORAL CLUS

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.690	175.789	252.479	76.690	262.343	339.033
2. Inflate Line 1 by Inflation Factor 1.02207977	78.383	179.671	258.054	78.383	268.135	346.518
3. Line 1 x 1.400 x Inflation Factor 1.03091168	79.060	181.223	260.284	79.060	270.452	349.513
4. Current Period Cost	74.330	171.597	245.926	74.330	257.255	331.585
5. Incentive Basis (line 3 - line 4)	4.731	9.627		4.731	13.197	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.330	171.597	245.926	74.330	257.255	331.585
7. Incentive Line 5 x Oper 50% Res 50%	2.365	4.813	7.179	2.365	6.598	8.964
8. Incentive - Line 4 x Oper 10% Res 3%	7.433	5.148	12.581	7.433	7.718	15.151
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.365	4.813	7.179	2.365	6.598	8.964
10. Final Incentive	2.365	4.813	7.179	2.365	6.598	8.964
11. Current Period Base: (line 6 + line 10)	76.695	176.410	253.105	76.695	263.854	340.549
12. Plus: Property Rate Component			19.239			19.239
13. Plus: ROE/Use Rate			2.295			2.295
14. Total Current Period Base			274.639			362.083
15. Prospective Rate: Line 11 x Inflation (1.02817040)	78.856	181.379	260.235	78.856	271.287	350.142
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.856	181.379	260.235	78.856	271.287	350.142
19. Property Rate Component			19.239			19.239
20. ROE Component + ROE Interim Component			2.295			2.295
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			281.77			371.68
23. Medicaid Days			847			7,809
24. Resident Days			847			7,809
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.65			0.85
29. Add-On (QAF less Rate Cut)			2.41			3.12
30. Final Per Diem After Adjustments			304.49			394.92



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028535800 - 2014/04
RI:225.14 / NM:249.68

Bayview - Lynn Haven
 700 W. 23rd Street Suite 52
 Panama City FL 32405

Provider Number: 028535800
 Date: 4/17/2014
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>230.14</u>	<u>225.14</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>254.10</u>	<u>249.68</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
Residential CRF Inc.

 1117 Central Ave

 Connersville IN 47331

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028535800

Provider Name: **Bayview - Lynn Haven**
 Provider Number: 28535800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 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	1,158	672	1,830
2. Operating Expenses Component			
A. Administration			81,297
B. Plant Operation			20,148
C. Laundry			0
D. Housekeeping			3,096
E. Operating Expense Component & Per Diem	57.1262	57.1262	104,541
3. Resident Care			
A. Dietary			9,955
B. Other			0
C. Nursing			15,721
D. Resident Care & Per Diem	14.0306	14.0306	25,676
4. Prop Exp & Per Diem	17.6787	17.6787	32,352
5. ROE/Use Per Diem	0.5710	0.5710	1,045
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	868.50	672.00	1,540.50
3. Staffing Percent	56.3777994	43.6222006	100.00
4. Allocation of Direct Care	79,624.06	61,608.94	141,233.00
5. Direct Care Expense Per Diem	68.7600	91.6800	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	792	672	1,464
2. Additional Services	26,917	22,840	49,757
3. Additional Services Exp & Per Diem	33.9861	33.9881	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.1262	57.1262	104,541
2. Resident Care Component	116.7767	139.6987	216,666
3. Property Cost Component	17.6787	17.6787	32,352
4. ROE/Use Allow Component	0.5710	0.5710	1,045
5 Total Cost Per Diem	192.1526	215.0746	354,604



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028535800 - 2014/04
225.14
249.68

Bayview - Lynn Haven

Ownership: Private[3]

Incentive Rating: Ineligible[1] from 05/24/2013 - 07/02/2013 Days Eligible: 144 of 183

Eligibility factor : 78.69%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.680	124.060	181.740	57.680	147.711	205.391
2. Inflate Line 1 by Inflation Factor 1.02197006	58.947	126.786	185.733	58.947	150.957	209.904
3. Line 1 x 1.400 x Inflation Factor 1.03075808	59.454	127.876	187.330	59.454	152.255	211.709
4. Current Period Cost	57.126	116.777	173.903	57.126	139.699	196.825
5. Incentive Basis (line 3 - line 4)	2.328	11.099	13.427	2.328	12.556	14.884
6. Allowed Current Period Costs (Min of line 3 or 4)	57.126	116.777	173.903	57.126	139.699	196.825
7. Incentive Line 5 x Oper 50% Res 50%	1.164	5.550	6.714	1.164	6.278	7.442
8. Incentive - Line 4 x Oper 10% Res 3%	5.713	3.503	9.216	5.713	4.191	9.904
9. Incentive - Min of Line 7,8 x Eligibility factor 78.69%	0.916	2.757	3.672	0.916	3.298	4.214
10. Final Incentive	0.916	2.757	3.672	0.916	3.298	4.214
11. Current Period Base: (line 6 + line 10)	58.042	119.533	177.575	58.042	142.996	201.039
12. Plus: Property Rate Component			17.679			17.679
13. Plus: ROE/Use Rate			0.571			0.571
14. Total Current Period Base			195.825			219.288
15. Prospective Rate: Line 11 x Inflation (1.03969820)	60.346	124.279	184.625	60.346	148.673	209.019
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.346	124.279	184.625	60.346	148.673	209.019
19. Property Rate Component			17.679			17.679
20. ROE Component + ROE Interim Component			0.571			0.571
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	202.87			227.27		
23. Medicaid Days	792			672		
24. Resident Days	1,158			672		
25. Medicaid Utilization	68.39%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.48			0.54		
29. Add-On (QAF less Rate Cut)	1.78			1.97		
30. Final Per Diem After Adjustments	225.14			249.68		



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028536600

Provider Name: **Squire Court Community Home**
 Provider Number: 28536600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			85,862
B. Plant Operation			21,057
C. Laundry			323
D. Housekeeping			2,122
E. Operating Expense Component & Per Diem	49.9379	49.9379	109,364
3. Resident Care			
A. Dietary			21,365
B. Other			0
C. Nursing			20,765
D. Resident Care & Per Diem	19.2374	19.2374	42,130
4. Prop Exp & Per Diem	11.3251	11.3251	24,802
5. ROE/Use Per Diem	2.9027	2.9027	6,357
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	138,720.60	92,480.40	231,201.00
5. Direct Care Expense Per Diem	95.0141	126.6855	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	68,484	34,240	102,724
3. Additional Services Exp & Per Diem	46.9068	46.9041	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49.9379	49.9379	109,364
2. Resident Care Component	161.1584	192.8270	376,055
3. Property Cost Component	11.3251	11.3251	24,802
4. ROE/Use Allow Component	2.9027	2.9027	6,357
5 Total Cost Per Diem	225.3242	256.9928	516,578



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028536600 - 2014/04
249.21
282.10

Squire Court Community Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.879	165.025	204.903	39.879	196.002	235.881
2. Inflate Line 1 by Inflation Factor 1.02207977	40.759	168.668	209.428	40.759	200.330	241.089
3. Line 1 x 1.400 x Inflation Factor 1.03091168	41.112	170.126	211.237	41.112	202.061	243.172
4. Current Period Cost	49.938	161.158	211.096	49.938	192.827	242.765
5. Incentive Basis (line 3 - line 4)	0.000	8.967	8.967	0.000	9.234	9.234
6. Allowed Current Period Costs (Min of line 3 or 4)	41.112	161.158	202.270	41.112	192.827	233.939
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.484	4.484	0.000	4.617	4.617
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.835	4.835	0.000	5.785	5.785
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.484	4.484	0.000	4.617	4.617
10. Final Incentive	0.000	4.484	4.484	0.000	4.617	4.617
11. Current Period Base: (line 6 + line 10)	41.112	165.642	206.754	41.112	197.444	238.556
12. Plus: Property Rate Component			11.325			11.325
13. Plus: ROE/Use Rate			2.903			2.903
14. Total Current Period Base			220.982			252.783
15. Prospective Rate: Line 11 x Inflation (1.02817040)	42.270	170.308	212.578	42.270	203.006	245.276
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.270	170.308	212.578	42.270	203.006	245.276
19. Property Rate Component			11.325			11.325
20. ROE Component + ROE Interim Component			2.903			2.903
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.81			259.50
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.54			0.61
29. Add-On (QAF less Rate Cut)			1.97			2.23
30. Final Per Diem After Adjustments			249.21			282.10



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028537400

Provider Name: **BAYVIEW - SAFETY HARBOR**
 Provider Number: 28537400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			83,440
B. Plant Operation			22,675
C. Laundry			389
D. Housekeeping			2,414
E. Operating Expense Component & Per Diem	49,7342	0.0000	108,918
3. Resident Care			
A. Dietary			20,363
B. Other			0
C. Nursing			16,569
D. Resident Care & Per Diem	16,8639	0.0000	36,932
4. Prop Exp & Per Diem	39,4438	0.0000	86,382
5. ROE/Use Per Diem	2,8352	0.0000	6,209
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	221,416.00		221,416.00
5. Direct Care Expense Per Diem	101.1032		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	96,286		96,286
3. Additional Services Exp & Per Diem	43,9662		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49,7342		108,918
2. Resident Care Component	161,9333		354,634
3. Property Cost Component	39,4438		86,382
4. ROE/Use Allow Component	2,8352		6,209
5 Total Cost Per Diem	253,9466		556,143



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028537400 - 2014/04
282.94
0.00

BAYVIEW - SAFETY HARBOR

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.937	169.038	212.975			
2. Inflate Line 1 by Inflation Factor 1.02207977	44.907	172.770	217.677			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	45.295	174.263	219.558			
4. Current Period Cost	49.734	161.933	211.668			
5. Incentive Basis (line 3 - line 4)	0.000	12.330	12.330	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	45.295	161.933	207.229			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.165	6.165	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.858	4.858	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.858	4.858	0.000	0.000	0.000
10. Final Incentive	0.000	4.858	4.858	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.295	166.791	212.087	0.000	0.000	0.000
12. Plus: Property Rate Component			39.444			0.000
13. Plus: ROE/Use Rate			2.835			0.000
14. Total Current Period Base			254.366			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	46.571	171.490	218.061	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	46.571	171.490	218.061	0.000	0.000	0.000
19. Property Rate Component			39.444			0.000
20. ROE Component + ROE Interim Component			2.835			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			260.34			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.61			0.00
29. Add-On (QAF less Rate Cut)			2.24			0.00
30. Final Per Diem After Adjustments			282.94			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028539100

Provider Name: **Amelia Island Properties, Inc.**
 Provider Number: 28539100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,460	7,209	8,669
2. Operating Expenses Component			
A. Administration			515,603
B. Plant Operation			457,359
C. Laundry			42,798
D. Housekeeping			105,703
E. Operating Expense Component & Per Diem	129,3647	129,3647	1,121,463
3. Resident Care			
A. Dietary			265,178
B. Other			0
C. Nursing			437,278
D. Resident Care & Per Diem	81,0308	81,0308	702,456
4. Prop Exp & Per Diem	53,8489	53,8489	466,816
5. ROE/Use Per Diem	2,1238	2,1238	18,411
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,209.00	7,939.00
3. Staffing Percent	9.1951127	90.8048873	100.00
4. Allocation of Direct Care	116,672.74	1,152,183.26	1,268,856.00
5. Direct Care Expense Per Diem	79.9128	159.8257	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	7,209	8,669
2. Additional Services	25,934	128,055	153,989
3. Additional Services Exp & Per Diem	17,7630	17,7632	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	129,3647	129,3647	1,121,463
2. Resident Care Component	178,7066	258,6197	2,125,301
3. Property Cost Component	53,8489	53,8489	466,816
4. ROE/Use Allow Component	2,1238	2,1238	18,411
5 Total Cost Per Diem	364,0441	443,9571	3,731,991



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028539100 - 2014/04
405.79
491.06

Hendricks

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	132.404	210.848	343.253	132.404	301.613	434.017
2. Inflate Line 1 by Inflation Factor 1.02197521	135.314	215.482	350.796	135.314	308.241	443.555
3. Line 1 x 1.400 x Inflation Factor 1.03076529	136.478	217.335	353.813	136.478	310.892	447.370
4. Current Period Cost	129.365	178.707	308.071	129.365	258.620	387.984
5. Incentive Basis (line 3 - line 4)	7.113	38.628	45.741	7.113	52.272	59.385
6. Allowed Current Period Costs (Min of line 3 or 4)	129.365	178.707	308.071	129.365	258.620	387.984
7. Incentive Line 5 x Oper 50% Res 50%	3.557	19.314	22.871	3.557	26.136	29.693
8. Incentive - Line 4 x Oper 10% Res 3%	12.936	5.361	18.298	12.936	7.759	20.695
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.557	5.361	8.918	3.557	7.759	11.315
10. Final Incentive	3.557	5.361	8.918	3.557	7.759	11.315
11. Current Period Base: (line 6 + line 10)	132.921	184.068	316.989	132.921	266.378	399.300
12. Plus: Property Rate Component			53.849			53.849
13. Plus: ROE/Use Rate			2.124			2.124
14. Total Current Period Base			372.962			455.272
15. Prospective Rate: Line 11 x Inflation (1.03003731)	136.914	189.597	326.511	136.914	274.380	411.294
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	136.914	189.597	326.511	136.914	274.380	411.294
19. Property Rate Component			53.849			53.849
20. ROE Component + ROE Interim Component			2.124			2.124
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			382.48			467.27
23. Medicaid Days		1,460			7,209	
24. Resident Days		1,460			7,209	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.87			1.06
29. Add-On (QAF less Rate Cut)			3.21			3.88
30. Final Per Diem After Adjustments			405.79			491.06



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028540400 - 2014/04
RI:201.13 / NM:218.80

Seaview CRF, Inc.
 1204 West 13th Street
 Panama City FL 32405

Provider Number: 028540400
 Date: 4/17/2014
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	204.66	201.13	4/1/2014
#8 Non-Ambulatory & #9 Medical	221.80	218.80	4/1/2014

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs
 Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion
 Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Residential CRF, Inc.

1117 Central Avenue
 Connersville IN 47331

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028540400

Provider Name: **Seaview CRF, Inc.**
 Provider Number: 28540400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 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	1,466	728	2,194
2. Operating Expenses Component			
A. Administration			114,146
B. Plant Operation			15,667
C. Laundry			0
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	60.6440	60.6440	133,053
3. Resident Care			
A. Dietary			10,109
B. Other			0
C. Nursing			18,176
D. Resident Care & Per Diem	12.8920	12.8920	28,285
4. Prop Exp & Per Diem	15.2138	15.2138	33,379
5. ROE/Use Per Diem	0.4175	0.4175	916
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,099.50	728.00	1,827.50
3. Staffing Percent	60.1641587	39.8358413	100.00
4. Allocation of Direct Care	72,162.10	47,779.90	119,942.00
5. Direct Care Expense Per Diem	49.2238	65.6317	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,466	728	2,194
2. Additional Services	40,502	20,113	60,615
3. Additional Services Exp & Per Diem	27.6276	27.6277	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	60.6440	60.6440	133,053
2. Resident Care Component	89.7433	106.1515	208,842
3. Property Cost Component	15.2138	15.2138	33,379
4. ROE/Use Allow Component	0.4175	0.4175	916
5 Total Cost Per Diem	166.0186	182.4268	376,190



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028540400 - 2014/04
201.13
218.80

Seaview CRF, Inc.

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.701	107.736	174.436	66.701	128.233	194.934
2. Inflate Line 1 by Inflation Factor 1.02197006	68.166	110.102	178.269	68.166	131.050	199.217
3. Line 1 x 1.400 x Inflation Factor 1.03075808	68.752	111.049	179.802	68.752	132.177	200.930
4. Current Period Cost	60.644	89.743	150.387	60.644	106.151	166.795
5. Incentive Basis (line 3 - line 4)	8.108	21.306	29.414	8.108	26.026	34.134
6. Allowed Current Period Costs (Min of line 3 or 4)	60.644	89.743	150.387	60.644	106.151	166.795
7. Incentive Line 5 x Oper 50% Res 50%	4.054	10.653	14.707	4.054	13.013	17.067
8. Incentive - Line 4 x Oper 10% Res 3%	6.064	2.692	8.757	6.064	3.185	9.249
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.054	2.692	6.746	4.054	3.185	7.239
10. Final Incentive	4.054	2.692	6.746	4.054	3.185	7.239
11. Current Period Base: (line 6 + line 10)	64.698	92.436	157.134	64.698	109.336	174.034
12. Plus: Property Rate Component			15.214			15.214
13. Plus: ROE/Use Rate			0.418			0.418
14. Total Current Period Base			172.765			189.665
15. Prospective Rate: Line 11 x Inflation (1.03969820)	67.267	96.105	163.372	67.267	113.676	180.943
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	67.267	96.105	163.372	67.267	113.676	180.943
19. Property Rate Component			15.214			15.214
20. ROE Component + ROE Interim Component			0.418			0.418
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			179.00			196.57
23. Medicaid Days		1,466			728	
24. Resident Days		1,466			728	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.43			0.47
29. Add-On (QAF less Rate Cut)			1.59			1.73
30. Final Per Diem After Adjustments			201.13			218.80



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028541200

Provider Name: **Twin Lane Community Home**
 Provider Number: 28541200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,095	962	2,057
2. Operating Expenses Component			
A. Administration			88,266
B. Plant Operation			20,438
C. Laundry			523
D. Housekeeping			2,897
E. Operating Expense Component & Per Diem	54.5085	54.5085	112,124
3. Resident Care			
A. Dietary			21,078
B. Other			0
C. Nursing			23,155
D. Resident Care & Per Diem	21.5036	21.5036	44,233
4. Prop Exp & Per Diem	16.0292	16.0292	32,972
5. ROE/Use Per Diem	3.2839	3.2839	6,755
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	962.00	1,783.25
3. Staffing Percent	46.0535539	53.9464461	100.00
4. Allocation of Direct Care	109,551.27	128,326.73	237,878.00
5. Direct Care Expense Per Diem	100.0468	133.3958	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,095	962	2,057
2. Additional Services	52,425	46,060	98,485
3. Additional Services Exp & Per Diem	47.8767	47.8794	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	54.5085	54.5085	112,124
2. Resident Care Component	169.4272	202.7788	380,596
3. Property Cost Component	16.0292	16.0292	32,972
4. ROE/Use Allow Component	3.2839	3.2839	6,755
5 Total Cost Per Diem	243.2488	276.6004	532,447



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028541200 - 2014/04
262.79
297.43

Twin Lane Community Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.512	169.621	211.133	41.512	202.248	243.759
2. Inflate Line 1 by Inflation Factor 1.02207977	42.428	173.366	215.794	42.428	206.713	249.142
3. Line 1 x 1.400 x Inflation Factor 1.03091168	42.795	174.864	217.659	42.795	208.499	251.294
4. Current Period Cost	54.509	169.427	223.936	54.509	202.779	257.287
5. Incentive Basis (line 3 - line 4)	0.000	5.437	5.437	0.000	5.721	5.721
6. Allowed Current Period Costs (Min of line 3 or 4)	42.795	169.427	212.222	42.795	202.779	245.574
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.718	2.718	0.000	2.860	2.860
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.083	5.083	0.000	6.083	6.083
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.718	2.718	0.000	2.860	2.860
10. Final Incentive	0.000	2.718	2.718	0.000	2.860	2.860
11. Current Period Base: (line 6 + line 10)	42.795	172.146	214.941	42.795	205.639	248.434
12. Plus: Property Rate Component			16.029			16.029
13. Plus: ROE/Use Rate			3.284			3.284
14. Total Current Period Base			234.254			267.747
15. Prospective Rate: Line 11 x Inflation (1.02817040)	44.001	176.995	220.996	44.001	211.432	255.433
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.001	176.995	220.996	44.001	211.432	255.433
19. Property Rate Component			16.029			16.029
20. ROE Component + ROE Interim Component			3.284			3.284
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			240.31			274.75
23. Medicaid Days		1,095			962	
24. Resident Days		1,095			962	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.57			0.64
29. Add-On (QAF less Rate Cut)			2.08			2.35
30. Final Per Diem After Adjustments			262.79			297.43



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028545500 - 2014/04
RI:312.58 / NM:0.00

Second Street Group Home
 3841 S.E. 2nd Street
 Ocala FL 34471

Provider Number: 028545500
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>308.03</u>	<u>312.58</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028545500

Provider Name: **Second Street Group Home**
 Provider Number: 28545500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,438	0	1,438
2. Operating Expenses Component			
A. Administration			115,412
B. Plant Operation			25,351
C. Laundry			481
D. Housekeeping			2,021
E. Operating Expense Component & Per Diem	99,6280	0.0000	143,265
3. Resident Care			
A. Dietary			18,716
B. Other			0
C. Nursing			17,442
D. Resident Care & Per Diem	25,1446	0.0000	36,158
4. Prop Exp & Per Diem	25,1794	0.0000	36,208
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	1,078.50		1,078.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	195,420.00		195,420.00
5. Direct Care Expense Per Diem	135.8971		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,438		1,438
2. Additional Services	95,842		95,842
3. Additional Services Exp & Per Diem	66.6495		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99,6280		143,265
2. Resident Care Component	227,6912		327,420
3. Property Cost Component	25,1794		36,208
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	352.4986		506,893



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028545500 - 2014/04
312.58
0.00

Second Street Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.074	170.588	249.662			
2. Inflate Line 1 by Inflation Factor 1.02207977	80.820	174.354	255.174			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	81.518	175.861	257.379			
4. Current Period Cost	99.628	227.691	327.319			
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	81.518	175.861	257.379			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.518	175.861	257.379	0.000	0.000	0.000
12. Plus: Property Rate Component			25.179			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			282.558			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	83.815	180.815	264.629	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	83.815	180.815	264.629	0.000	0.000	0.000
19. Property Rate Component			25.179			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.81			0.00
23. Medicaid Days		1,438				0
24. Resident Days		1,438				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.67			0.00
29. Add-On (QAF less Rate Cut)			2.47			0.00
30. Final Per Diem After Adjustments			312.58			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028546300 - 2014/04
RI:280.93 / NM:310.93

107th Place Home
 5321 S.E. 107th Place
 Belleview FL 34420

Provider Number: 028546300
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.83</u>	<u>280.93</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>349.32</u>	<u>310.93</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028546300

Provider Name: **107th Place Home**
 Provider Number: 28546300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			117,974
B. Plant Operation			28,612
C. Laundry			626
D. Housekeeping			2,511
E. Operating Expense Component & Per Diem	68.3667	68.3667	149,723
3. Resident Care			
A. Dietary			21,220
B. Other			0
C. Nursing			17,751
D. Resident Care & Per Diem	17.7950	17.7950	38,971
4. Prop Exp & Per Diem	17.7607	17.7607	38,896
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	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	123,406.20	82,270.80	205,677.00
5. Direct Care Expense Per Diem	84.5248	112.6997	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	75,827	37,908	113,735
3. Additional Services Exp & Per Diem	51.9363	51.9288	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.3667	68.3667	149,723
2. Resident Care Component	154.2561	182.4235	358,383
3. Property Cost Component	17.7607	17.7607	38,896
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	240.3835	268.5509	547,002



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028546300 - 2014/04
280.93
310.93

107th Place Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.400	164.042	243.442	79.400	199.621	279.020
2. Inflate Line 1 by Inflation Factor 1.02207977	81.153	167.664	248.817	81.153	204.028	285.181
3. Line 1 x 1.400 x Inflation Factor 1.03091168	81.854	169.113	250.967	81.854	205.791	287.645
4. Current Period Cost	68.367	154.256	222.623	68.367	182.423	250.790
5. Incentive Basis (line 3 - line 4)	13.487	14.857	28.344	13.487	23.368	36.855
6. Allowed Current Period Costs (Min of line 3 or 4)	68.367	154.256	222.623	68.367	182.423	250.790
7. Incentive Line 5 x Oper 50% Res 50%	6.744	7.429	14.172	6.744	11.684	18.428
8. Incentive - Line 4 x Oper 10% Res 3%	6.837	4.628	11.464	6.837	5.473	12.309
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.744	4.628	11.371	6.744	5.473	12.216
10. Final Incentive	6.744	4.628	11.371	6.744	5.473	12.216
11. Current Period Base: (line 6 + line 10)	75.110	158.884	233.994	75.110	187.896	263.006
12. Plus: Property Rate Component			17.761			17.761
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			251.755			280.767
15. Prospective Rate: Line 11 x Inflation (1.02817040)	77.226	163.360	240.586	77.226	193.189	270.415
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.226	163.360	240.586	77.226	193.189	270.415
19. Property Rate Component			17.761			17.761
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			258.35			288.18
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.60			0.67
29. Add-On (QAF less Rate Cut)			2.22			2.46
30. Final Per Diem After Adjustments			280.93			310.93



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028547100 - 2014/04
RI:228.44 / NM:0.00

Sunrise Group Home #17
 19963 N.W. 62nd Place
 Miami Lakes FL 33015

Provider Number: 028547100
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>232.13</u>	<u>228.44</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028547100

Provider Name: **Sunrise Group Home #17**
 Provider Number: 28547100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,016	0	2,016
2. Operating Expenses Component			
A. Administration			51,856
B. Plant Operation			35,646
C. Laundry			869
D. Housekeeping			1,610
E. Operating Expense Component & Per Diem	44,6334	0.0000	89,981
3. Resident Care			
A. Dietary			21,815
B. Other			40,260
C. Nursing			0
D. Resident Care & Per Diem	30,7912	0.0000	62,075
4. Prop Exp & Per Diem	16,9167	0.0000	34,104
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	1,512.00		1,512.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	216,094.00		216,094.00
5. Direct Care Expense Per Diem	107.1895		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,016		2,016
2. Additional Services	1,697		1,697
3. Additional Services Exp & Per Diem	0.8418		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	44,6334		89,981
2. Resident Care Component	138,8224		279,866
3. Property Cost Component	16,9167		34,104
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	200.3725		403,951



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028547100 - 2014/04
228.44
0.00

Sunrise Group Home #17

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.355	139.706	181.061			
2. Inflate Line 1 by Inflation Factor 1.02207977	42.268	142.791	185.059			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	42.633	144.025	186.658			
4. Current Period Cost	44.633	138.822	183.456			
5. Incentive Basis (line 3 - line 4)	0.000	5.202	5.202	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	42.633	138.822	181.456			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.601	2.601	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.165	4.165	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.601	2.601	0.000	0.000	0.000
10. Final Incentive	0.000	2.601	2.601	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.633	141.424	184.057	0.000	0.000	0.000
12. Plus: Property Rate Component			16.917			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			200.974			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	43.834	145.408	189.242	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.834	145.408	189.242	0.000	0.000	0.000
19. Property Rate Component			16.917			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			206.16			0.00
23. Medicaid Days		2,016			0	
24. Resident Days		2,016			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.00
29. Add-On (QAF less Rate Cut)			1.81			0.00
30. Final Per Diem After Adjustments			228.44			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028548000 - 2014/04
RI:234.00 / NM:272.95

Sunrise Group Home #16
 3210 S.W. 138th Court
 Miami FL 33175

Provider Number: 028548000
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.19</u>	<u>234.00</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>274.65</u>	<u>272.95</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

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Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028548000

Provider Name: **Sunrise Group Home #16**
 Provider Number: 28548000
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,504	592	2,096
2. Operating Expenses Component			
A. Administration			58,827
B. Plant Operation			20,849
C. Laundry			934
D. Housekeeping			907
E. Operating Expense Component & Per Diem	38.8917	38.8917	81,517
3. Resident Care			
A. Dietary			14,305
B. Other			40,174
C. Nursing			5,266
D. Resident Care & Per Diem	28.5043	28.5043	59,745
4. Prop Exp & Per Diem	20.4156	20.4156	42,791
5. ROE/Use Per Diem	0.0544	0.0544	114
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,128.00	592.00	1,720.00
3. Staffing Percent	65.5813953	34.4186047	100.00
4. Allocation of Direct Care	175,702.40	92,212.60	267,915.00
5. Direct Care Expense Per Diem	116.8234	155.7645	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,504	592	2,096
2. Additional Services	15,871	6,246	22,117
3. Additional Services Exp & Per Diem	10.5525	10.5507	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.8917	38.8917	81,517
2. Resident Care Component	155.8802	194.8195	349,777
3. Property Cost Component	20.4156	20.4156	42,791
4. ROE/Use Allow Component	0.0544	0.0544	114
5 Total Cost Per Diem	215.2419	254.1811	474,199



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028548000 - 2014/04
234.00
272.95

Sunrise Group Home #16

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.649	140.213	182.862	42.649	176.744	219.393
2. Inflate Line 1 by Inflation Factor 1.02207977	43.590	143.309	186.899	43.590	180.647	224.237
3. Line 1 x 1.400 x Inflation Factor 1.03091168	43.967	144.547	188.514	43.967	182.208	226.175
4. Current Period Cost	38.892	155.880	194.772	38.892	194.820	233.711
5. Incentive Basis (line 3 - line 4)	5.075	0.000		5.075	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.892	144.547	183.439	38.892	182.208	221.099
7. Incentive Line 5 x Oper 50% Res 50%	2.538	0.000	2.538	2.538	0.000	2.538
8. Incentive - Line 4 x Oper 10% Res 3%	3.889	0.000	3.889	3.889	0.000	3.889
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.538	0.000	2.538	2.538	0.000	2.538
10. Final Incentive	2.538	0.000	2.538	2.538	0.000	2.538
11. Current Period Base: (line 6 + line 10)	41.429	144.547	185.976	41.429	182.208	223.637
12. Plus: Property Rate Component			20.416			20.416
13. Plus: ROE/Use Rate			0.054			0.054
14. Total Current Period Base			206.446			244.107
15. Prospective Rate: Line 11 x Inflation (1.02817040)	42.596	148.619	191.216	42.596	187.340	229.937
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	42.596	148.619	191.216	42.596	187.340	229.937
19. Property Rate Component			20.416			20.416
20. ROE Component + ROE Interim Component			0.054			0.054
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			211.69			250.41
23. Medicaid Days		1,504			592	
24. Resident Days		1,504			592	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.50			0.59
29. Add-On (QAF less Rate Cut)			1.85			2.16
30. Final Per Diem After Adjustments			234.00			272.95



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028552800 - 2014/04
RI:211.29 / NM:246.34

Sunrise Group Home #12
 1219 S.E. 26th Terrace
 Cape Coral FL 33904

Provider Number: 028552800
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>211.94</u>	<u>211.29</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>245.66</u>	<u>246.34</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (8)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028552800

Provider Name: **Sunrise Group Home #12**
 Provider Number: 28552800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			67,515
B. Plant Operation			24,082
C. Laundry			467
D. Housekeeping			1,850
E. Operating Expense Component & Per Diem	42.8831	42.8831	93,914
3. Resident Care			
A. Dietary			15,234
B. Other			38,516
C. Nursing			0
D. Resident Care & Per Diem	24.5434	24.5434	53,750
4. Prop Exp & Per Diem	11.9311	11.9311	26,129
5. ROE/Use Per Diem	0.5475	0.5475	1,199
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	164,791.20	109,860.80	274,652.00
5. Direct Care Expense Per Diem	112.8707	150.4942	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	13,276	6,638	19,914
3. Additional Services Exp & Per Diem	9.0932	9.0932	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	42.8831	42.8831	93,914
2. Resident Care Component	146.5072	184.1308	348,316
3. Property Cost Component	11.9311	11.9311	26,129
4. ROE/Use Allow Component	0.5475	0.5475	1,199
5 Total Cost Per Diem	201.8689	239.4924	469,558



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028552800 - 2014/04
211.29
246.34

Sunrise Group Home #12

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.570	124.548	167.118	42.570	157.426	199.996
2. Inflate Line 1 by Inflation Factor 1.02207977	43.510	127.298	170.808	43.510	160.902	204.412
3. Line 1 x 1.400 x Inflation Factor 1.03091168	43.886	128.398	172.284	43.886	162.292	206.178
4. Current Period Cost	42.883	146.507	189.390	42.883	184.131	227.014
5. Incentive Basis (line 3 - line 4)	1.003	0.000	1.003	1.003	0.000	1.003
6. Allowed Current Period Costs (Min of line 3 or 4)	42.883	128.398	171.281	42.883	162.292	205.175
7. Incentive Line 5 x Oper 50% Res 50%	0.501	0.000	0.501	0.501	0.000	0.501
8. Incentive - Line 4 x Oper 10% Res 3%	4.288	0.000	4.288	4.288	0.000	4.288
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.501	0.000	0.501	0.501	0.000	0.501
10. Final Incentive	0.501	0.000	0.501	0.501	0.000	0.501
11. Current Period Base: (line 6 + line 10)	43.384	128.398	171.783	43.384	162.292	205.677
12. Plus: Property Rate Component			11.931			11.931
13. Plus: ROE/Use Rate			0.547			0.547
14. Total Current Period Base			184.261			218.155
15. Prospective Rate: Line 11 x Inflation (1.02817040)	44.607	132.015	176.622	44.607	166.864	211.471
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.607	132.015	176.622	44.607	166.864	211.471
19. Property Rate Component			11.931			11.931
20. ROE Component + ROE Interim Component			0.547			0.547
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			189.10			223.95
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.45			0.53
29. Add-On (QAF less Rate Cut)			1.67			1.95
30. Final Per Diem After Adjustments			211.29			246.34



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028553600 - 2014/04
RI:307.97 / NM:356.36

Sunrise Group Home #13
 1950 Country Meadows Circle
 Sarasota FL 34235

Provider Number: 028553600
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>323.07</u>	<u>307.97</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>369.62</u>	<u>356.36</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (29)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
 Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028553600

Provider Name: **Sunrise Group Home #13**
 Provider Number: 28553600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,795	365	2,160
2. Operating Expenses Component			
A. Administration			88,662
B. Plant Operation			46,745
C. Laundry			2,507
D. Housekeeping			2,179
E. Operating Expense Component & Per Diem	64.8579	64.8579	140,093
3. Resident Care			
A. Dietary			19,570
B. Other			52,770
C. Nursing			0
D. Resident Care & Per Diem	33.4907	33.4907	72,340
4. Prop Exp & Per Diem	15.0088	15.0088	32,419
5. ROE/Use Per Diem	0.2449	0.2449	529
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,346.25	365.00	1,711.25
3. Staffing Percent	78.6705625	21.3294375	100.00
4. Allocation of Direct Care	279,613.27	75,809.73	355,423.00
5. Direct Care Expense Per Diem	155.7734	207.6979	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,795	365	2,160
2. Additional Services	26,015	5,290	31,305
3. Additional Services Exp & Per Diem	14.4930	14.4932	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	64.8579	64.8579	140,093
2. Resident Care Component	203.7572	255.6818	459,068
3. Property Cost Component	15.0088	15.0088	32,419
4. ROE/Use Allow Component	0.2449	0.2449	529
5 Total Cost Per Diem	283.8688	335.7933	632,109



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028553600 - 2014/04
307.97
356.36

Sunrise Group Home #13

Ownership: Private [3]

Incentive Rating: Ineligible [1] from 07/09/2013 - 08/09/2013 Days Eligible: 152 of 183

Eligibility factor : 83.06%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.248	187.916	260.164	72.248	233.304	305.553
2. Inflate Line 1 by Inflation Factor 1.02207977	73.844	192.065	265.908	73.844	238.456	312.299
3. Line 1 x 1.400 x Inflation Factor 1.03091168	74.482	193.724	268.206	74.482	240.516	314.998
4. Current Period Cost	64.858	203.757	268.615	64.858	255.682	320.540
5. Incentive Basis (line 3 - line 4)	9.624	0.000	9.624	9.624	0.000	9.624
6. Allowed Current Period Costs (Min of line 3 or 4)	64.858	193.724	258.582	64.858	240.516	305.374
7. Incentive Line 5 x Oper 50% Res 50%	4.812	0.000	4.812	4.812	0.000	4.812
8. Incentive - Line 4 x Oper 10% Res 3%	6.486	0.000	6.486	6.486	0.000	6.486
9. Incentive - Min of Line 7,8 x Eligibility factor 83.06%	3.997	0.000	3.997	3.997	0.000	3.997
10. Final Incentive	3.997	0.000	3.997	3.997	0.000	3.997
11. Current Period Base: (line 6 + line 10)	68.855	193.724	262.579	68.855	240.516	309.371
12. Plus: Property Rate Component			15.009			15.009
13. Plus: ROE/Use Rate			0.245			0.245
14. Total Current Period Base			277.833			324.625
15. Prospective Rate: Line 11 x Inflation (1.02817040)	70.794	199.182	269.976	70.794	247.292	318.086
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	70.794	199.182	269.976	70.794	247.292	318.086
19. Property Rate Component			15.009			15.009
20. ROE Component + ROE Interim Component			0.245			0.245
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			285.23			333.34
23. Medicaid Days		1,795			365	
24. Resident Days		1,795			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.66			0.77
29. Add-On (QAF less Rate Cut)			2.43			2.82
30. Final Per Diem After Adjustments			307.97			356.36



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028554400 - 2014/04
RI:327.37 / NM:371.06

Coletta Drive Group Home
 1604 Coletta Drive
 Orlando FL 32807

Provider Number: 028554400
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>325.33</u>	<u>327.37</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>367.34</u>	<u>371.06</u>	<u>4/1/2014</u>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

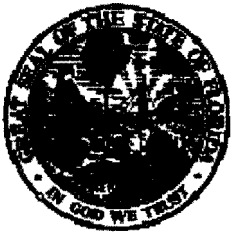

 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40222

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028554400

Provider Name: **Coletta Drive Group Home**
 Provider Number: 28554400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	1,668	122	1,790
2. Operating Expenses Component			
A. Administration			117,878
B. Plant Operation			29,925
C. Laundry			436
D. Housekeeping			3,221
E. Operating Expense Component & Per Diem	84.6145	84.6145	151,460
3. Resident Care			
A. Dietary			20,936
B. Other			0
C. Nursing			17,077
D. Resident Care & Per Diem	21.2363	21.2363	38,013
4. Prop Exp & Per Diem	25.7687	25.7687	46,126
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	1,251.00	122.00	1,373.00
3. Staffing Percent	91.1143481	8.8856519	100.00
4. Allocation of Direct Care	194,316.84	18,950.16	213,267.00
5. Direct Care Expense Per Diem	116.4969	155.3292	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,668	122	1,790
2. Additional Services	95,571	6,995	102,566
3. Additional Services Exp & Per Diem	57.2968	57.3361	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	84.6145	84.6145	151,460
2. Resident Care Component	195.0300	233.9016	353,846
3. Property Cost Component	25.7687	25.7687	46,126
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	305.4132	344.2848	551,432



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028554400 - 2014/04
327.37
371.06

Coletta Drive Group Home

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.658	183.328	262.986	79.658	224.301	303.959
2. Inflate Line 1 by Inflation Factor 1.02207977	81.417	187.376	268.792	81.417	229.253	310.670
3. Line 1 x 1.400 x Inflation Factor 1.03091168	82.120	188.995	271.115	82.120	231.234	313.355
4. Current Period Cost	84.615	195.030	279.645	84.615	233.902	318.516
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	82.120	188.995	271.115	82.120	231.234	313.355
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	82.120	188.995	271.115	82.120	231.234	313.355
12. Plus: Property Rate Component	0.000	0.000	25.769	0.000	0.000	25.769
13. Plus: ROE/Use Rate	0.000	0.000	0.000	0.000	0.000	0.000
14. Total Current Period Base	82.120	188.995	296.884	82.120	231.234	339.123
15. Prospective Rate: Line 11 x Inflation (1.02817040)	84.434	194.319	278.752	84.434	237.748	322.182
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.434	194.319	278.752	84.434	237.748	322.182
19. Property Rate Component	0.000	0.000	25.769	0.000	0.000	25.769
20. ROE Component + ROE Interim Component	0.000	0.000	0.000	0.000	0.000	0.000
21. Plus :Property Interim Rate Component	0.000	0.000	0.000	0.000	0.000	0.000
22. Final Per Diem	304.52			347.95		
23. Medicaid Days	1,668			122		
24. Resident Days	1,668			122		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.70			0.80		
29. Add-On (QAF less Rate Cut)	2.59			2.93		
30. Final Per Diem After Adjustments	327.37			371.06		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028555200 - 2014/04
RI:204.56 / NM:224.28

Gulfview
 2603 State Avenue
 Panama City FL 32405

Provider Number: 028555200
 Date: 4/17/2014
 FYE: 12/31/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>208.53</u>	<u>204.56</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>227.67</u>	<u>224.28</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:
 Residential CRF, Inc.

1117 Central Avenue
Connersville IN 47331

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028555200

Provider Name: **Gulfview**
 Provider Number: 28555200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 01/01/2012 - 12/31/2012
 Days In Reporting Period: 366
 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	1,065	1,098	2,163
2. Operating Expenses Component			
A. Administration			100,794
B. Plant Operation			17,769
C. Laundry			0
D. Housekeeping			2,659
E. Operating Expense Component & Per Diem	56.0435	56.0435	121,222
3. Resident Care			
A. Dietary			10,695
B. Other			0
C. Nursing			17,978
D. Resident Care & Per Diem	13.2561	13.2561	28,673
4. Prop Exp & Per Diem	15.5312	15.5312	33,594
5. ROE/Use Per Diem	0.4623	0.4623	1,000
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	798.75	1,098.00	1,896.75
3. Staffing Percent	42.1115065	57.8884935	100.00
4. Allocation of Direct Care	58,516.47	80,439.53	138,956.00
5. Direct Care Expense Per Diem	54.9450	73.2601	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,065	1,098	2,163
2. Additional Services	30,452	31,396	61,848
3. Additional Services Exp & Per Diem	28.5934	28.5938	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	56.0435	56.0435	121,222
2. Resident Care Component	96.7946	115.1100	229,477
3. Property Cost Component	15.5312	15.5312	33,594
4. ROE/Use Allow Component	0.4623	0.4623	1,000
5 Total Cost Per Diem	168.8316	187.1470	385,293



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028555200 - 2014/04
204.56
224.28

Gulfview

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2012	12/31/2012	Unaudited [3]	201304
Prior Cost Report	1/1/2011	12/31/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.752	109.302	172.054	62.752	131.200	193.952
2. Inflate Line 1 by Inflation Factor 1.02197006	64.131	111.703	175.834	64.131	134.082	198.213
3. Line 1 x 1.400 x Inflation Factor 1.03075808	64.682	112.664	177.346	64.682	135.235	199.917
4. Current Period Cost	56.043	96.795	152.838	56.043	115.110	171.153
5. Incentive Basis (line 3 - line 4)	8.639	15.869	24.508	8.639	20.125	28.764
6. Allowed Current Period Costs (Min of line 3 or 4)	56.043	96.795	152.838	56.043	115.110	171.153
7. Incentive Line 5 x Oper 50% Res 50%	4.319	7.935	12.254	4.319	10.062	14.382
8. Incentive - Line 4 x Oper 10% Res 3%	5.604	2.904	8.508	5.604	3.453	9.058
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.319	2.904	7.223	4.319	3.453	7.773
10. Final Incentive	4.319	2.904	7.223	4.319	3.453	7.773
11. Current Period Base: (line 6 + line 10)	60.363	99.698	160.061	60.363	118.563	178.926
12. Plus: Property Rate Component			15.531			15.531
13. Plus: ROE/Use Rate			0.462			0.462
14. Total Current Period Base			176.055			194.920
15. Prospective Rate: Line 11 x Inflation (1.03969820)	62.759	103.656	166.415	62.759	123.270	186.029
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	62.759	103.656	166.415	62.759	123.270	186.029
19. Property Rate Component			15.531			15.531
20. ROE Component + ROE Interim Component			0.462			0.462
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			182.41			202.02
23. Medicaid Days		1,065			1,098	
24. Resident Days		1,065			1,098	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.44			0.48
29. Add-On (QAF less Rate Cut)			1.62			1.77
30. Final Per Diem After Adjustments			204.56			224.28



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028557900

Provider Name: **Sunrise 148th Court**
 Provider Number: 28557900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			56,479
B. Plant Operation			32,066
C. Laundry			1,288
D. Housekeeping			873
E. Operating Expense Component & Per Diem	41.4183	0.0000	90,706
3. Resident Care			
A. Dietary			14,687
B. Other			57,155
C. Nursing			1,193
D. Resident Care & Per Diem	33.3493	0.0000	73,035
4. Prop Exp & Per Diem	16.2644	0.0000	35,619
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	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	250,457.00		250,457.00
5. Direct Care Expense Per Diem	114.3639		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	18,172		18,172
3. Additional Services Exp & Per Diem	8.2977		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	41.4183		90,706
2. Resident Care Component	156.0110		341,664
3. Property Cost Component	16.2644		35,619
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	213.6936		467,989



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028557900 - 2014/04
245.04
0.00

Sunrise 148th Court

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.008	155.918	197.925			
2. Inflate Line 1 by Inflation Factor 1.02207977	42.935	159.360	202.296			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	43.306	160.737	204.044			
4. Current Period Cost	41.418	156.011	197.429			
5. Incentive Basis (line 3 - line 4)	1.888	4.726	6.614	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	41.418	156.011	197.429			
7. Incentive Line 5 x Oper 50% Res 50%	0.944	2.363	3.307	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.142	4.680	8.822	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.944	2.363	3.307	0.000	0.000	0.000
10. Final Incentive	0.944	2.363	3.307	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.362	158.374	200.736	0.000	0.000	0.000
12. Plus: Property Rate Component			16.264			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			217.001			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	43.556	162.836	206.391	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.556	162.836	206.391	0.000	0.000	0.000
19. Property Rate Component			16.264			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			222.66			0.00
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.53			0.00
29. Add-On (QAF less Rate Cut)			1.94			0.00
30. Final Per Diem After Adjustments			245.04			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028558700 - 2014/04
RI:227.78 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes FL 33015

Provider Number: 028558700
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.39</u>	<u>227.78</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

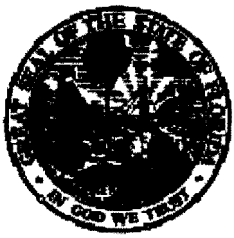
W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028558700

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,104	0	2,104
2. Operating Expenses Component			
A. Administration			53,035
B. Plant Operation			23,880
C. Laundry			1,339
D. Housekeeping			2,502
E. Operating Expense Component & Per Diem	38.3821	0.0000	80,756
3. Resident Care			
A. Dietary			22,024
B. Other			42,794
C. Nursing			187
D. Resident Care & Per Diem	30.8959	0.0000	65,005
4. Prop Exp & Per Diem	16.3603	0.0000	34,422
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	1,578.00		1,578.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	232,076.00		232,076.00
5. Direct Care Expense Per Diem	110.3023		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,104		2,104
2. Additional Services	569		569
3. Additional Services Exp & Per Diem	0.2704		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.3821		80,756
2. Resident Care Component	141.4686		297,650
3. Property Cost Component	16.3603		34,422
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	196.2110		412,828



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028558700 - 2014/04
227.78
0.00

Sunrise Oakmont

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.897	140.526	182.423			
2. Inflate Line 1 by Inflation Factor 1.02207977	42.822	143.629	186.451			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	43.192	144.870	188.062			
4. Current Period Cost	38.382	141.469	179.851			
5. Incentive Basis (line 3 - line 4)	4.810	3.401	8.211	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	38.382	141.469	179.851			
7. Incentive Line 5 x Oper 50% Res 50%	2.405	1.701	4.106	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.838	4.244	8.082	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.405	1.701	4.106	0.000	0.000	0.000
10. Final Incentive	2.405	1.701	4.106	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.787	143.169	183.956	0.000	0.000	0.000
12. Plus: Property Rate Component			16.360			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			200.317			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	41.936	147.202	189.139	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	41.936	147.202	189.139	0.000	0.000	0.000
19. Property Rate Component			16.360			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			205.50			0.00
23. Medicaid Days		2,104			0	
24. Resident Days		2,104			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.00
29. Add-On (QAF less Rate Cut)			1.80			0.00
30. Final Per Diem After Adjustments			227.78			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028559500 - 2014/04
RI:229.82 / NM:0.00

Sunrise 53rd Ct.
 10228 S.W. 53rd Court
 Cooper City FL 33328

Provider Number: 028559500
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>231.67</u>	<u>229.82</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (10)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028559500

Provider Name: **Sunrise 53rd Ct.**
 Provider Number: 28559500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,057	0	2,057
2. Operating Expenses Component			
A. Administration			59,735
B. Plant Operation			24,790
C. Laundry			1,271
D. Housekeeping			2,481
E. Operating Expense Component & Per Diem	42.9154	0.0000	88,277
3. Resident Care			
A. Dietary			20,985
B. Other			43,096
C. Nursing			7,351
D. Resident Care & Per Diem	34.7263	0.0000	71,432
4. Prop Exp & Per Diem	18.1230	0.0000	37,279
5. ROE/Use Per Diem	0.2003	0.0000	412
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,542.75		1,542.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	273,876.00		273,876.00
5. Direct Care Expense Per Diem	133.1434		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,057		2,057
2. Additional Services	3,775		3,775
3. Additional Services Exp & Per Diem	1.8352		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	42.9154		88,277
2. Resident Care Component	169.7049		349,083
3. Property Cost Component	18.1230		37,279
4. ROE/Use Allow Component	0.2003		412
5 Total Cost Per Diem	230.9436		475,051



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028559500 - 2014/04
229.82
0.00

Sunrise 53rd Ct.

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.551	136.410	178.961			
2. Inflate Line 1 by Inflation Factor 1.02207977	43.490	139.422	182.912			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	43.866	140.627	184.493			
4. Current Period Cost	42.915	169.705	212.620			
5. Incentive Basis (line 3 - line 4)	0.951	0.000	0.951	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	42.915	140.627	183.542			
7. Incentive Line 5 x Oper 50% Res 50%	0.475	0.000	0.475	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.292	0.000	4.292	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.475	0.000	0.475	0.000	0.000	0.000
10. Final Incentive	0.475	0.000	0.475	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.391	140.627	184.017	0.000	0.000	0.000
12. Plus: Property Rate Component			18.123			0.000
13. Plus: ROE/Use Rate			0.200			0.000
14. Total Current Period Base			202.341			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	44.613	144.588	189.201	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.613	144.588	189.201	0.000	0.000	0.000
19. Property Rate Component			18.123			0.000
20. ROE Component + ROE Interim Component			0.200			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.52			0.00
23. Medicaid Days		2,057				0
24. Resident Days		2,057				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.00
29. Add-On (QAF less Rate Cut)			1.82			0.00
30. Final Per Diem After Adjustments			229.82			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

028560900 - 2014/04
RI:226.34 / NM:0.00

Sunrise 55th Court
8430 S.W. 55th Court
Davie FL 33328

Provider Number: 028560900
Date: 4/17/2014
FYE: 6/30/2013
Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>236.72</u>	<u>226.34</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	



 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
DPODS - DCF (10)
Home Office:
Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami FL 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

028560900

Provider Name: **Sunrise 55th Court**
 Provider Number: 28560900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,178	0	2,178
2. Operating Expenses Component			
A. Administration			55,276
B. Plant Operation			26,252
C. Laundry			1,419
D. Housekeeping			2,230
E. Operating Expense Component & Per Diem	39,1079	0.0000	85,177
3. Resident Care			
A. Dietary			21,067
B. Other			44,911
C. Nursing			0
D. Resident Care & Per Diem	30,2929	0.0000	65,978
4. Prop Exp & Per Diem	9,3421	0.0000	20,347
5. ROE/Use Per Diem	0,1699	0.0000	370
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,633.50		1,633.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	243,199.00		243,199.00
5. Direct Care Expense Per Diem	111.6616		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,178		2,178
2. Additional Services	3,126		3,126
3. Additional Services Exp & Per Diem	1,4353		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	39,1079		85,177
2. Resident Care Component	143,3898		312,303
3. Property Cost Component	9,3421		20,347
4. ROE/Use Allow Component	0,1699		370
5 Total Cost Per Diem	192,0096		418,197



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028560900 - 2014/04
226.34
0.00

Sunrise 55th Court

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.809	146.268	190.077			
2. Inflate Line 1 by Inflation Factor 1.02207977	44.776	149.498	194.274			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	45.163	150.790	195.953			
4. Current Period Cost	39.108	143.390	182.498			
5. Incentive Basis (line 3 - line 4)	6.055	7.400	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	39.108	143.390	182.498			
7. Incentive Line 5 x Oper 50% Res 50%	3.028	3.700	6.728	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.911	4.302	8.212	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.028	3.700	6.728	0.000	0.000	0.000
10. Final Incentive	3.028	3.700	6.728	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.135	147.090	189.225	0.000	0.000	0.000
12. Plus: Property Rate Component			9.342			0.000
13. Plus: ROE/Use Rate			0.170			0.000
14. Total Current Period Base			198.737			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	43.322	151.233	194.556	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.322	151.233	194.556	0.000	0.000	0.000
19. Property Rate Component			9.342			0.000
20. ROE Component + ROE Interim Component			0.170			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			204.07			0.00
23. Medicaid Days		2,178				0
24. Resident Days		2,178				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.49			0.00
29. Add-On (QAF less Rate Cut)			1.79			0.00
30. Final Per Diem After Adjustments			226.34			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028561700

Provider Name: **Sunrise Wentworth**
 Provider Number: 28561700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			54,944
B. Plant Operation			19,136
C. Laundry			1,365
D. Housekeeping			1,942
E. Operating Expense Component & Per Diem	35.3365	0.0000	77,387
3. Resident Care			
A. Dietary			19,450
B. Other			44,880
C. Nursing			437
D. Resident Care & Per Diem	29.5740	0.0000	64,767
4. Prop Exp & Per Diem	18.1840	0.0000	39,823
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	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	263,383.00		263,383.00
5. Direct Care Expense Per Diem	120.2662		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	980		980
3. Additional Services Exp & Per Diem	0.4475		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	35.3365		77,387
2. Resident Care Component	150.2877		329,130
3. Property Cost Component	18.1840		39,823
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	203.8082		446,340



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028561700 - 2014/04
239.08
0.00

Sunrise Wentworth

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.049	160.738	200.787			
2. Inflate Line 1 by Inflation Factor 1.02207977	40.934	164.287	205.220			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	41.287	165.706	206.993			
4. Current Period Cost	35.337	150.288	185.624			
5. Incentive Basis (line 3 - line 4)	5.951	15.419	21.370	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	35.337	150.288	185.624			
7. Incentive Line 5 x Oper 50% Res 50%	2.975	7.709	10.685	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.534	4.509	8.042	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.975	4.509	7.484	0.000	0.000	0.000
10. Final Incentive	2.975	4.509	7.484	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	38.312	154.796	193.108	0.000	0.000	0.000
12. Plus: Property Rate Component			18.184			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			211.292			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	39.391	159.157	198.548	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.391	159.157	198.548	0.000	0.000	0.000
19. Property Rate Component			18.184			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			216.73			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.51			0.00
29. Add-On (QAF less Rate Cut)			1.89			0.00
30. Final Per Diem After Adjustments			239.08			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028563300 - 2014/04
RI:302.82 / NM:0.00

TUNIS STREET GROUP HOME
 4748 Tunis Street
 Jacksonville FL 32210

Provider Number: 028563300
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>322.16</u>	<u>302.82</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.

10140 Linn Station Road
Louisville KY 40223

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028563300

Provider Name: **TUNIS STREET GROUP HOME**
 Provider Number: 28563300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,186	0	2,186
2. Operating Expenses Component			
A. Administration			117,290
B. Plant Operation			27,994
C. Laundry			1,229
D. Housekeeping			1,966
E. Operating Expense Component & Per Diem	67.9227	0.0000	148,479
3. Resident Care			
A. Dietary			18,903
B. Other			0
C. Nursing			45,284
D. Resident Care & Per Diem	29.3628	0.0000	64,187
4. Prop Exp & Per Diem	15.2420	0.0000	33,319
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	1,639.50		1,639.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	214,200.00		214,200.00
5. Direct Care Expense Per Diem	97.9872		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,186		2,186
2. Additional Services	111,906		111,906
3. Additional Services Exp & Per Diem	51.1921		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.9227		148,479
2. Resident Care Component	178.5421		390,293
3. Property Cost Component	15.2420		33,319
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	261.7068		572,091



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028563300 - 2014/04
302.82
0.00

TUNIS STREET GROUP HOME

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.108	188.109	265.217			
2. Inflate Line 1 by Inflation Factor 1.02207977	78.811	192.262	271.073			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	79.492	193.924	273.416			
4. Current Period Cost	67.923	178.542	246.465			
5. Incentive Basis (line 3 - line 4)	11.569	15.382	26.951	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	67.923	178.542	246.465			
7. Incentive Line 5 x Oper 50% Res 50%	5.785	7.691	13.475	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.792	5.356	12.149	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.785	5.356	11.141	0.000	0.000	0.000
10. Final Incentive	5.785	5.356	11.141	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.707	183.898	257.606	0.000	0.000	0.000
12. Plus: Property Rate Component			15.242			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			272.848			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	75.784	189.079	264.863	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.784	189.079	264.863	0.000	0.000	0.000
19. Property Rate Component			15.242			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			280.10			0.00
23. Medicaid Days		2,186				0
24. Resident Days		2,186				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.65			0.00
29. Add-On (QAF less Rate Cut)			2.39			0.00
30. Final Per Diem After Adjustments			302.82			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028565000 - 2014/04
RI:319.11 / NM:388.70

LAKEVIEW COURT
 920 W. Kennedy Blvd
 Orlando FL 32810

Provider Number: 028565000
 Date: 4/17/2014
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>324.39</u>	<u>319.11</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>391.91</u>	<u>388.70</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

P.O. BOX 2064
WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028565000

Provider Name: **LAKEVIEW COURT**
 Provider Number: 28565000
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	11,499	11,588	23,087
2. Operating Expenses Component			
A. Administration			1,312,964
B. Plant Operation			361,400
C. Laundry			40,407
D. Housekeeping			17,712
E. Operating Expense Component & Per Diem	75.0415	75.0415	1,732,483
3. Resident Care			
A. Dietary			549,592
B. Other			55,546
C. Nursing			718,440
D. Resident Care & Per Diem	57.3300	57.3300	1,323,578
4. Prop Exp & Per Diem	26.5172	26.5172	612,202
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,749.50	11,588.00	17,337.50
3. Staffing Percent	33.1622206	66.8377794	100.00
4. Allocation of Direct Care	744,785.67	1,501,100.33	2,245,886.00
5. Direct Care Expense Per Diem	64.7696	129.5392	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	11,499	11,588	23,087
2. Additional Services	649,596	654,622	1,304,218
3. Additional Services Exp & Per Diem	56.4915	56.4914	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.0415	75.0415	1,732,483
2. Resident Care Component	178.5911	243.3606	4,873,682
3. Property Cost Component	26.5172	26.5172	612,202
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	280.1498	344.9193	7,218,367



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028565000 - 2014/04
319.11
388.70

LAKEVIEW COURT

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.158	181.306	256.464	75.158	247.338	322.495
2. Inflate Line 1 by Inflation Factor 1.02204667	76.815	185.304	262.118	76.815	252.791	329.605
3. Line 1 x 1.400 x Inflation Factor 1.03086534	77.477	186.902	264.380	77.477	254.972	332.449
4. Current Period Cost	75.041	178.591	253.633	75.041	243.361	318.402
5. Incentive Basis (line 3 - line 4)	2.436	8.311	0.000	2.436	11.611	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	75.041	178.591	253.633	75.041	243.361	318.402
7. Incentive Line 5 x Oper 50% Res 50%	1.218	4.156	5.374	1.218	5.806	7.023
8. Incentive - Line 4 x Oper 10% Res 3%	7.504	5.358	12.862	7.504	7.301	14.805
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.218	4.156	5.374	1.218	5.806	7.023
10. Final Incentive	1.218	4.156	5.374	1.218	5.806	7.023
11. Current Period Base: (line 6 + line 10)	76.259	182.747	259.006	76.259	249.166	325.426
12. Plus: Property Rate Component	0.000	0.000	26.517	0.000	0.000	26.517
13. Plus: ROE/Use Rate	0.000	0.000	0.000	0.000	0.000	0.000
14. Total Current Period Base	76.259	182.747	285.523	76.259	249.166	351.943
15. Prospective Rate: Line 11 x Inflation (1.04163921)	79.435	190.356	269.791	79.435	259.541	338.976
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.435	190.356	269.791	79.435	259.541	338.976
19. Property Rate Component	0.000	0.000	26.517	0.000	0.000	26.517
20. ROE Component + ROE Interim Component	0.000	0.000	0.000	0.000	0.000	0.000
21. Plus :Property Interim Rate Component	0.000	0.000	0.000	0.000	0.000	0.000
22. Final Per Diem			296.31			365.49
23. Medicaid Days		11,499			11,588	
24. Resident Days		11,499			11,588	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.69			0.84
29. Add-On (QAF less Rate Cut)			2.52			3.07
30. Final Per Diem After Adjustments			319.11			388.70



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028566800 - 2014/04
RI:322.60 / NM:381.66

WASHINGTON SQUARE
 1401 North U.S. Highway 1
 Titusville FL 32796

Provider Number: 028566800
 Date: 4/17/2014
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	328.54	322.60	4/1/2014
#8 Non-Ambulatory & #9 Medical	385.84	381.66	4/1/2014

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim		<input checked="" type="checkbox"/> X
<input type="checkbox"/> Interim Component		<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs		

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

 P.O. BOX 2064

 WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028566800

Provider Name: **WASHINGTON SQUARE**
 Provider Number: 28566800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,858	19,158	23,016
2. Operating Expenses Component			
A. Administration			1,377,612
B. Plant Operation			327,604
C. Laundry			37,905
D. Housekeeping			22,198
E. Operating Expense Component & Per Diem	76.6996	76.6996	1,765,319
3. Resident Care			
A. Dietary			578,554
B. Other			63,186
C. Nursing			858,559
D. Resident Care & Per Diem	65.1850	65.1850	1,500,299
4. Prop Exp & Per Diem	27.2339	27.2339	626,816
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,929.00	19,158.00	21,087.00
3. Staffing Percent	9.1478162	90.8521838	100.00
4. Allocation of Direct Care	215,038.17	2,135,666.83	2,350,705.00
5. Direct Care Expense Per Diem	55.7383	111.4765	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,858	19,158	23,016
2. Additional Services	231,001	1,147,101	1,378,102
3. Additional Services Exp & Per Diem	59.8758	59.8758	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	76.6996	76.6996	1,765,319
2. Resident Care Component	180.7991	236.5374	5,229,106
3. Property Cost Component	27.2339	27.2339	626,816
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	284.7327	340.4709	7,621,241



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028566800 - 2014/04
322.60
381.66

WASHINGTON SQUARE

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.001	181.838	257.839	76.001	237.135	313.136
2. Inflate Line 1 by Inflation Factor 1.02204667	77.676	185.847	263.524	77.676	242.363	320.040
3. Line 1 x 1.400 x Inflation Factor 1.03086534	78.347	187.451	265.798	78.347	244.455	322.801
4. Current Period Cost	76.700	180.799	257.499	76.700	236.537	313.237
5. Incentive Basis (line 3 - line 4)	1.647	6.652	8.299	1.647	7.917	9.564
6. Allowed Current Period Costs (Min of line 3 or 4)	76.700	180.799	257.499	76.700	236.537	313.237
7. Incentive Line 5 x Oper 50% Res 50%	0.824	3.326	4.149	0.824	3.959	4.782
8. Incentive - Line 4 x Oper 10% Res 3%	7.670	5.424	13.094	7.670	7.096	14.766
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.824	3.326	4.149	0.824	3.959	4.782
10. Final Incentive	0.824	3.326	4.149	0.824	3.959	4.782
11. Current Period Base: (line 6 + line 10)	77.523	184.125	261.648	77.523	240.496	318.019
12. Plus: Property Rate Component			27.234			27.234
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			288.882			345.253
15. Prospective Rate: Line 11 x Inflation (1.04163921)	80.751	191.792	272.543	80.751	250.510	331.261
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.751	191.792	272.543	80.751	250.510	331.261
19. Property Rate Component			27.234			27.234
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			299.78			358.50
23. Medicaid Days		3,858			19,158	
24. Resident Days		3,858			19,158	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.69			0.82
29. Add-On (QAF less Rate Cut)			2.55			3.02
30. Final Per Diem After Adjustments			322.60			381.66



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028567600 - 2014/04
RI:312.03 / NM:369.29

HOWELL BRANCH COURT
 3664 Howell Branch Road
 Winter Park FL 32792

Provider Number: 028567600
 Date: 4/17/2014
 FYE: 11/30/2012
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>320.39</u>	<u>312.03</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>375.95</u>	<u>369.29</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (7)
 Home Office:
 DSI

 P.O. BOX 2064

 WINTER PARK FL 32790

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 10/2013 to 04/2014

028567600

Provider Name: **HOWELL BRANCH COURT**
 Provider Number: 28567600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Baker, Randy
 Rate Semester: April, 2014
 Cost Report: 12/01/2011 - 11/30/2012
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,347	19,541	22,888
2. Operating Expenses Component			
A. Administration			1,299,427
B. Plant Operation			319,567
C. Laundry			36,181
D. Housekeeping			21,622
E. Operating Expense Component & Per Diem	73.2610	73.2610	1,676,797
3. Resident Care			
A. Dietary			551,937
B. Other			72,391
C. Nursing			827,706
D. Resident Care & Per Diem	63.4408	63.4408	1,452,034
4. Prop Exp & Per Diem	26.8742	26.8742	615,097
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,673.50	19,541.00	21,214.50
3. Staffing Percent	7.8884725	92.1115275	100.00
4. Allocation of Direct Care	185,019.07	2,160,416.93	2,345,436.00
5. Direct Care Expense Per Diem	55.2791	110.5582	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,347	19,541	22,888
2. Additional Services	197,192	1,151,272	1,348,464
3. Additional Services Exp & Per Diem	58.9160	58.9157	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.2610	73.2610	1,676,797
2. Resident Care Component	177.6360	232.9147	5,145,934
3. Property Cost Component	26.8742	26.8742	615,097
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	277.7711	333.0499	7,437,828



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028567600 - 2014/04
312.03
369.29

HOWELL BRANCH COURT

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2011	11/30/2012	Unaudited [3]	201304
Prior Cost Report	12/1/2010	11/30/2011	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.086	173.243	245.329	72.086	225.802	297.888
2. Inflate Line 1 by Inflation Factor 1.02204667	73.675	177.062	250.737	73.675	230.780	304.455
3. Line 1 x 1.400 x Inflation Factor 1.03086534	74.311	178.590	252.901	74.311	232.771	307.082
4. Current Period Cost	73.261	177.636	250.897	73.261	232.915	306.176
5. Incentive Basis (line 3 - line 4)	1.050	0.954	0.096	1.050	0.000	1.050
6. Allowed Current Period Costs (Min of line 3 or 4)	73.261	177.636	250.897	73.261	232.771	306.032
7. Incentive Line 5 x Oper 50% Res 50%	0.525	0.477	1.002	0.525	0.000	0.525
8. Incentive - Line 4 x Oper 10% Res 3%	7.326	5.329	12.655	7.326	0.000	7.326
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.525	0.477	1.002	0.525	0.000	0.525
10. Final Incentive	0.525	0.477	1.002	0.525	0.000	0.525
11. Current Period Base: (line 6 + line 10)	73.786	178.113	251.899	73.786	232.771	306.557
12. Plus: Property Rate Component			26.874			26.874
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			278.773			333.431
15. Prospective Rate: Line 11 x Inflation (1.04163921)	76.858	185.530	262.388	76.858	242.464	319.322
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.858	185.530	262.388	76.858	242.464	319.322
19. Property Rate Component			26.874			26.874
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			289.26			346.20
23. Medicaid Days		3,347			19,541	
24. Resident Days		3,347			19,541	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.67			0.79
29. Add-On (QAF less Rate Cut)			2.47			2.92
30. Final Per Diem After Adjustments			312.03			369.29



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028568400 - 2014/04
RI:248.47 / NM:0.00

Sunrise 157th Terrace
 9790 S. W. 157th Terrace
 Miami FL 33157

Provider Number: 028568400
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>255.85</u>	<u>248.47</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

 9040 Sunset Drive Suite 70-A

 Miami Fl 33173

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028568400

Provider Name: **Sunrise 157th Terrace**
 Provider Number: 28568400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	2,189	0	2,189
2. Operating Expenses Component			
A. Administration			56,669
B. Plant Operation			19,778
C. Laundry			1,006
D. Housekeeping			665
E. Operating Expense Component & Per Diem	35.6866	0.0000	78,118
3. Resident Care			
A. Dietary			15,718
B. Other			56,937
C. Nursing			2,569
D. Resident Care & Per Diem	34.3646	0.0000	75,224
4. Prop Exp & Per Diem	14.2380	0.0000	31,167
5. ROE/Use Per Diem	0.9383	0.0000	2,054
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,641.75		1,641.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	258,024.00		258,024.00
5. Direct Care Expense Per Diem	117.8730		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,189		2,189
2. Additional Services	20,350		20,350
3. Additional Services Exp & Per Diem	9.2965		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	35.6866		78,118
2. Resident Care Component	161.5340		353,598
3. Property Cost Component	14.2380		31,167
4. ROE/Use Allow Component	0.9383		2,054
5 Total Cost Per Diem	212.3970		464,937



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028568400 - 2014/04
248.47
0.00

Sunrise 157th Terrace

Ownership:Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.812	165.090	207.902			
2. Inflate Line 1 by Inflation Factor 1.02207977	43.758	168.735	212.493			
3. Line 1 x 1.400 x Inflation Factor 1.03091168	44.136	170.193	214.329			
4. Current Period Cost	35.687	161.534	197.221			
5. Incentive Basis (line 3 - line 4)	8.449	8.659	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	35.687	161.534	197.221			
7. Incentive Line 5 x Oper 50% Res 50%	4.225	4.330	8.554	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.569	4.846	8.415	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.569	4.330	7.898	0.000	0.000	0.000
10. Final Incentive	3.569	4.330	7.898	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	39.255	165.864	205.119	0.000	0.000	0.000
12. Plus: Property Rate Component			14.238			0.000
13. Plus: ROE/Use Rate			0.938			0.000
14. Total Current Period Base			220.295			0.000
15. Prospective Rate: Line 11 x Inflation (1.02817040)	40.361	170.536	210.897	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	40.361	170.536	210.897	0.000	0.000	0.000
19. Property Rate Component			14.238			0.000
20. ROE Component + ROE Interim Component			0.938			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			226.07			0.00
23. Medicaid Days		2,189			0	
24. Resident Days		2,189			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.53			0.00
29. Add-On (QAF less Rate Cut)			1.96			0.00
30. Final Per Diem After Adjustments			248.47			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

028569200 - 2014/04
RI:297.49 / NM:343.08

Sunrise 145th St. Group Home
 14935 S.W. 145th Street
 Miami Fl 33196

Provider Number: 028569200
 Date: 4/17/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>308.41</u>	<u>297.49</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>353.01</u>	<u>343.08</u>	<u>4/1/2014</u>

Rate Type:

Interim Prospective
 Total Interim Total Prospective
 Interim Component Prospective Adjusted for New Cost
 Settlement Based on Costs

Basis

Budget Desk Audited Costs
 Unaudited Costs Desk Audit - Interim Portion
 Field Audited Costs Desk Audit - Prospective Portion
 Field Audit - Interim Portion

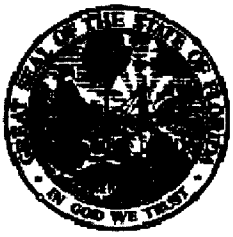
W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (11)
 Home Office:
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A
Miami Fl 33173

_____ For Information only - No Change in rate



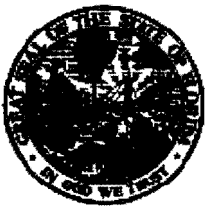
Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

028569200

Provider Name: **Sunrise 145th St. Group Home**
 Provider Number: 28569200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 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	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			76,223
B. Plant Operation			37,040
C. Laundry			994
D. Housekeeping			1,769
E. Operating Expense Component & Per Diem	52.9799	52.9799	116,026
3. Resident Care			
A. Dietary			15,059
B. Other			57,589
C. Nursing			7,021
D. Resident Care & Per Diem	36.3785	36.3785	79,669
4. Prop Exp & Per Diem	27.0046	27.0046	59,140
5. ROE/Use Per Diem	1.3721	1.3721	3,005
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	47,449.30	316,328.70	363,778.00
5. Direct Care Expense Per Diem	129.9981	173.3308	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,036	25,179	30,215
3. Additional Services Exp & Per Diem	13.7973	13.7967	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	52.9799	52.9799	116,026
2. Resident Care Component	180.1739	223.5060	473,662
3. Property Cost Component	27.0046	27.0046	59,140
4. ROE/Use Allow Component	1.3721	1.3721	3,005
5 Total Cost Per Diem	261.5305	304.8627	651,833



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028569200 - 2014/04
297.49
343.08

Sunrise 145th St. Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2012	6/30/2013	Unaudited [3]	201310
Prior Cost Report	7/1/2011	6/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.624	179.208	238.832	59.624	222.698	282.321
2. Inflate Line 1 by Inflation Factor 1.02207977	60.940	183.165	244.105	60.940	227.615	288.555
3. Line 1 x 1.400 x Inflation Factor 1.03091168	61.467	184.748	246.215	61.467	229.582	291.048
4. Current Period Cost	52.980	180.174	233.154	52.980	223.506	276.486
5. Incentive Basis (line 3 - line 4)	8.487	4.574	3.913	8.487	6.076	2.589
6. Allowed Current Period Costs (Min of line 3 or 4)	52.980	180.174	233.154	52.980	223.506	276.486
7. Incentive Line 5 x Oper 50% Res 50%	4.243	2.287	6.530	4.243	3.038	7.281
8. Incentive - Line 4 x Oper 10% Res 3%	5.298	5.405	10.703	5.298	6.705	12.003
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.243	2.287	6.530	4.243	3.038	7.281
10. Final Incentive	4.243	2.287	6.530	4.243	3.038	7.281
11. Current Period Base: (line 6 + line 10)	57.223	182.461	239.684	57.223	226.544	283.767
12. Plus: Property Rate Component			27.005			27.005
13. Plus: ROE/Use Rate			1.372			1.372
14. Total Current Period Base			268.061			312.144
15. Prospective Rate: Line 11 x Inflation (1.02817040)	58.835	187.601	246.436	58.835	232.926	291.761
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	58.835	187.601	246.436	58.835	232.926	291.761
19. Property Rate Component			27.005			27.005
20. ROE Component + ROE Interim Component			1.372			1.372
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.81			320.14
23. Medicaid Days			365			1,825
24. Resident Days			365			1,825
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.64			0.74
29. Add-On (QAF less Rate Cut)			2.35			2.71
30. Final Per Diem After Adjustments			297.49			343.08



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031256800 - 2014/04
RI:373.40 / NM:463.43

Mentor Avon Park Cluster
 55 East College Drive
 Avon Park FL 33825

Provider Number: 031256800
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>380.56</u>	<u>373.40</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>511.84</u>	<u>463.43</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

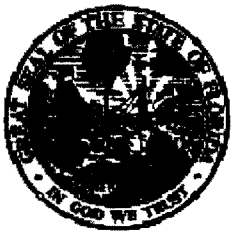

 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (14)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

031256800

Provider Name: **Mentor Avon Park Cluster**
 Provider Number: 31256800
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,437	8,437
2. Operating Expenses Component			
A. Administration			548,921
B. Plant Operation			185,629
C. Laundry			0
D. Housekeeping			132,594
E. Operating Expense Component & Per Diem	102.7787	102.7787	867,144
3. Resident Care			
A. Dietary			176,718
B. Other			0
C. Nursing			1,070,337
D. Resident Care & Per Diem	147.8079	147.8079	1,247,055
4. Prop Exp & Per Diem	10.7935	10.7935	91,065
5. ROE/Use Per Diem	0.2477	0.2477	2,090
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,437.00	8,437.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,113,130.00	1,113,130.00
5. Direct Care Expense Per Diem	65.9672	131.9343	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,437	8,437
2. Additional Services	0	203,878	203,878
3. Additional Services Exp & Per Diem	24.1648	24.1648	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102.7787	102.7787	867,144
2. Resident Care Component	237.9398	303.9070	2,564,063
3. Property Cost Component	10.7935	10.7935	91,065
4. ROE/Use Allow Component	0.2477	0.2477	2,090
5 Total Cost Per Diem	351.7597	417.7269	3,524,362



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031256800 - 2014/04
373.40
463.43

Mentor Avon Park Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	100.571	218.629	319.200	100.571	346.422	446.993
2. Inflate Line 1 by Inflation Factor 1.02197521	102.781	223.433	326.215	102.781	354.035	456.816
3. Line 1 x 1.400 x Inflation Factor 1.03076529	103.665	225.355	329.021	103.665	357.080	460.745
4. Current Period Cost	102.779	237.940	340.719	102.779	303.907	406.686
5. Incentive Basis (line 3 - line 4)	0.887	0.000	0.887	0.887	53.173	54.060
6. Allowed Current Period Costs (Min of line 3 or 4)	102.779	225.355	328.134	102.779	303.907	406.686
7. Incentive Line 5 x Oper 50% Res 50%	0.443	0.000	0.443	0.443	26.586	27.030
8. Incentive - Line 4 x Oper 10% Res 3%	10.278	0.000	10.278	10.278	9.117	19.395
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.443	0.000	0.443	0.443	9.117	9.561
10. Final Incentive	0.443	0.000	0.443	0.443	9.117	9.561
11. Current Period Base: (line 6 + line 10)	103.222	225.355	328.577	103.222	313.024	416.246
12. Plus: Property Rate Component			10.794			10.794
13. Plus: ROE/Use Rate			0.248			0.248
14. Total Current Period Base			339.619			427.288
15. Prospective Rate: Line 11 x Inflation (1.03003731)	106.323	232.124	338.447	106.323	322.427	428.749
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.323	232.124	338.447	106.323	322.427	428.749
19. Property Rate Component			10.794			10.794
20. ROE Component + ROE Interim Component			0.248			0.248
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	349.49			439.79		
23. Medicaid Days	0			8,437		
24. Resident Days	0			8,437		
25. Medicaid Utilization	NA			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.00			1.00		
29. Add-On (QAF less Rate Cut)	2.94			3.66		
30. Final Per Diem After Adjustments	373.40			463.43		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031257600 - 2014/04
RI:363.56 / NM:465.12

Mentor Eagle Watch Cluster
 1725 Fifth Street
 Daytona Beach FL 32117

Provider Number: 031257600
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>402.74</u>	<u>363.56</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>503.40</u>	<u>465.12</u>	<u>4/1/2014</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

Desk Audited Costs
 Desk Audit - Interim Portion
 Desk Audit - Prospective Portion

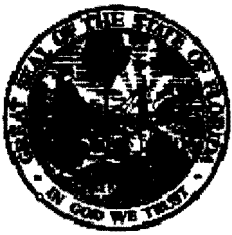
W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (12)
 Home Office:
 National Mentor Healthcare, LLC

3258 Parkside Center Circle
Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

031257600

Provider Name: **Mentor Eagle Watch Cluster**
 Provider Number: 31257600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,168	6,409	8,577
2. Operating Expenses Component			
A. Administration			506,356
B. Plant Operation			169,597
C. Laundry			0
D. Housekeeping			102,359
E. Operating Expense Component & Per Diem	90.7441	90.7441	778,312
3. Resident Care			
A. Dietary			232,411
B. Other			0
C. Nursing			709,749
D. Resident Care & Per Diem	109.8473	109.8473	942,160
4. Prop Exp & Per Diem	9.6649	9.6649	82,896
5. ROE/Use Per Diem	0.5334	0.5334	4,575
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,084.00	6,409.00	7,493.00
3. Staffing Percent	14.4668357	85.5331643	100.00
4. Allocation of Direct Care	210,043.84	1,241,855.16	1,451,899.00
5. Direct Care Expense Per Diem	96.8837	193.7674	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,168	6,409	8,577
2. Additional Services	38,794	114,681	153,475
3. Additional Services Exp & Per Diem	17.8939	17.8937	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	90.7441	90.7441	778,312
2. Resident Care Component	224.6249	321.5084	2,547,534
3. Property Cost Component	9.6649	9.6649	82,896
4. ROE/Use Allow Component	0.5334	0.5334	4,575
5 Total Cost Per Diem	325.5673	422.4508	3,413,317



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031257600 - 2014/04
363.56
465.12

Mentor Eagle Watch Cluster

Ownership: State Cluster[2]

Incentive Rating: Ineligible[1] from 08/07/2013 - 09/30/2013 Days Eligible: 72 of 183

Eligibility factor :39.34%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.116	241.873	342.989	101.116	339.860	440.977
2. Inflate Line 1 by Inflation Factor 1.02197521	103.338	247.188	350.526	103.338	347.329	450.667
3. Line 1 x 1.400 x Inflation Factor 1.03076529	104.227	249.314	353.541	104.227	350.316	454.543
4. Current Period Cost	90.744	224.625	315.369	90.744	321.508	412.252
5. Incentive Basis (line 3 - line 4)	13.483	24.689	38.172	13.483	28.808	42.291
6. Allowed Current Period Costs (Min of line 3 or 4)	90.744	224.625	315.369	90.744	321.508	412.252
7. Incentive Line 5 x Oper 50% Res 50%	6.742	12.345	19.086	6.742	14.404	21.145
8. Incentive - Line 4 x Oper 10% Res 3%	9.074	6.739	15.813	9.074	9.645	18.720
9. Incentive - Min of Line 7,8 x Eligibility factor 39.34%	2.652	2.651	5.304	2.652	3.795	6.447
10. Final Incentive	2.652	2.651	5.304	2.652	3.795	6.447
11. Current Period Base: (line 6 + line 10)	93.396	227.276	320.673	93.396	325.303	418.700
12. Plus: Property Rate Component			9.665			9.665
13. Plus: ROE/Use Rate			0.533			0.533
14. Total Current Period Base			330.871			428.898
15. Prospective Rate: Line 11 x Inflation (1.03003731)	96.202	234.103	330.305	96.202	335.074	431.276
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	96.202	234.103	330.305	96.202	335.074	431.276
19. Property Rate Component			9.665			9.665
20. ROE Component + ROE Interim Component			0.533			0.533
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			340.50			441.47
23. Medicaid Days		2,168			6,409	
24. Resident Days		2,168			6,409	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.78			1.00
29. Add-On (QAF less Rate Cut)			2.87			3.68
30. Final Per Diem After Adjustments			363.56			465.12



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031258400 - 2014/04
RI:368.18 / NM:467.33

Mentor Point West Cluster
 4550 Ricker Road
 Jacksonville FL 32231

Provider Number: 031258400
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>409.85</u>	<u>368.18</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>512.00</u>	<u>467.33</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

3258 Parkside Center Circle
Tampa FL 33619

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031258400

Provider Name: **Mentor Point West Cluster**
 Provider Number: 31258400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	529	7,993	8,522
2. Operating Expenses Component			
A. Administration			521,821
B. Plant Operation			224,180
C. Laundry			0
D. Housekeeping			102,762
E. Operating Expense Component & Per Diem	99.5967	99.5967	848,763
3. Resident Care			
A. Dietary			161,188
B. Other			0
C. Nursing			700,515
D. Resident Care & Per Diem	101.1151	101.1151	861,703
4. Prop Exp & Per Diem	11.3987	11.3987	97,140
5. ROE/Use Per Diem	0.7846	0.7846	6,686
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	264.50	7,993.00	8,257.50
3. Staffing Percent	3.2031487	96.7968513	100.00
4. Allocation of Direct Care	49,153.12	1,485,371.88	1,534,525.00
5. Direct Care Expense Per Diem	92.9170	185.8341	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	529	7,993	8,522
2. Additional Services	10,428	157,575	168,003
3. Additional Services Exp & Per Diem	19.7127	19.7141	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99.5967	99.5967	848,763
2. Resident Care Component	213.7448	306.6633	2,564,231
3. Property Cost Component	11.3987	11.3987	97,140
4. ROE/Use Allow Component	0.7846	0.7846	6,686
5 Total Cost Per Diem	325.5248	418.4433	3,516,820



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031258400 - 2014/04
368.18
467.33

Mentor Point West Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	103.307	242.466	345.773	103.307	341.905	445.212
2. Inflate Line 1 by Inflation Factor 1.02197521	105.577	247.794	353.371	105.577	349.419	454.996
3. Line 1 x 1.400 x Inflation Factor 1.03076529	106.485	249.925	356.411	106.485	352.424	458.910
4. Current Period Cost	99.597	213.745	313.342	99.597	306.663	406.260
5. Incentive Basis (line 3 - line 4)	6.889	36.180	43.069	6.889	45.761	52.650
6. Allowed Current Period Costs (Min of line 3 or 4)	99.597	213.745	313.342	99.597	306.663	406.260
7. Incentive Line 5 x Oper 50% Res 50%	3.444	18.090	21.535	3.444	22.880	26.325
8. Incentive - Line 4 x Oper 10% Res 3%	9.960	6.412	16.372	9.960	9.200	19.160
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.444	6.412	9.857	3.444	9.200	12.644
10. Final Incentive	3.444	6.412	9.857	3.444	9.200	12.644
11. Current Period Base: (line 6 + line 10)	103.041	220.157	323.198	103.041	315.863	418.904
12. Plus: Property Rate Component			11.399			11.399
13. Plus: ROE/Use Rate			0.785			0.785
14. Total Current Period Base			335.381			431.088
15. Prospective Rate: Line 11 x Inflation (1.03003731)	106.136	226.770	332.906	106.136	325.351	431.487
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.136	226.770	332.906	106.136	325.351	431.487
19. Property Rate Component			11.399			11.399
20. ROE Component + ROE Interim Component			0.785			0.785
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			345.09			443.67
23. Medicaid Days		529			7,993	
24. Resident Days		529			7,993	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.79			1.01
29. Add-On (QAF less Rate Cut)			2.91			3.69
30. Final Per Diem After Adjustments			368.18			467.33



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031259200 - 2014/04
RI:369.76 / NM:461.58

Mentor Hodges Cluster
 3615 Hodges Boulevard
 Jacksonville FL 32224

Provider Number: 031259200
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>381.32</u>	<u>369.76</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>475.67</u>	<u>461.58</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031259200

Provider Name: **Mentor Hodges Cluster**
 Provider Number: 31259200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Pridgeon, Chant
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	122	7,899	8,021
2. Operating Expenses Component			
A. Administration			485,456
B. Plant Operation			216,490
C. Laundry			0
D. Housekeeping			80,245
E. Operating Expense Component & Per Diem	97.5179	97.5179	782,191
3. Resident Care			
A. Dietary			91,058
B. Other			0
C. Nursing			870,897
D. Resident Care & Per Diem	119.9296	119.9296	961,955
4. Prop Exp & Per Diem	10.2048	10.2048	81,853
5. ROE/Use Per Diem	0.6387	0.6387	5,123
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	61.00	7,899.00	7,960.00
3. Staffing Percent	0.7663317	99.2336683	100.00
4. Allocation of Direct Care	10,074.65	1,304,584.35	1,314,659.00
5. Direct Care Expense Per Diem	82.5791	165.1582	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	122	7,899	8,021
2. Additional Services	2,505	162,157	164,662
3. Additional Services Exp & Per Diem	20.5328	20.5288	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	97.5179	97.5179	782,191
2. Resident Care Component	223.0414	305.6165	2,441,276
3. Property Cost Component	10.2048	10.2048	81,853
4. ROE/Use Allow Component	0.6387	0.6387	5,123
5 Total Cost Per Diem	331.4029	413.9780	3,310,443



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031259200 - 2014/04
369.76
461.58

Mentor Hodges Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	102.148	219.460	321.608	102.148	311.303	413.451
2. Inflate Line 1 by Inflation Factor 1.02197521	104.392	224.283	328.676	104.392	318.144	422.537
3. Line 1 x 1.400 x Inflation Factor 1.03076529	105.290	226.212	331.503	105.290	320.881	426.171
4. Current Period Cost	97.518	223.041	320.559	97.518	305.617	403.134
5. Incentive Basis (line 3 - line 4)	7.772	3.171	10.943	7.772	15.264	23.036
6. Allowed Current Period Costs (Min of line 3 or 4)	97.518	223.041	320.559	97.518	305.617	403.134
7. Incentive Line 5 x Oper 50% Res 50%	3.886	1.585	5.472	3.886	7.632	11.518
8. Incentive - Line 4 x Oper 10% Res 3%	9.752	6.691	16.443	9.752	9.168	18.920
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.886	1.585	5.472	3.886	7.632	11.518
10. Final Incentive	3.886	1.585	5.472	3.886	7.632	11.518
11. Current Period Base: (line 6 + line 10)	101.404	224.627	326.031	101.404	313.249	414.653
12. Plus: Property Rate Component			10.205			10.205
13. Plus: ROE/Use Rate			0.639			0.639
14. Total Current Period Base			336.874			425.496
15. Prospective Rate: Line 11 x Inflation (1.03003731)	104.450	231.374	335.824	104.450	322.658	427.108
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.450	231.374	335.824	104.450	322.658	427.108
19. Property Rate Component			10.205			10.205
20. ROE Component + ROE Interim Component			0.639			0.639
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			346.67			437.95
23. Medicaid Days			122			7,899
24. Resident Days			122			7,899
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.80			0.99
29. Add-On (QAF less Rate Cut)			2.92			3.65
30. Final Per Diem After Adjustments			369.76			461.58



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031260600 - 2014/04
RI:356.19 / NM:445.82

Mentor Kinkaid Cluster
 5808 Kinkaid Road
 Jacksonville FL 32244

Provider Number: 031260600
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>389.72</u>	<u>356.19</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>488.57</u>	<u>445.82</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

031260600

Provider Name: **Mentor Kinkaid Cluster**
 Provider Number: 31260600
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	755	7,694	8,449
2. Operating Expenses Component			
A. Administration			478,946
B. Plant Operation			198,830
C. Laundry			0
D. Housekeeping			112,245
E. Operating Expense Component & Per Diem	93.5047	93.5047	790,021
3. Resident Care			
A. Dietary			159,057
B. Other			0
C. Nursing			680,449
D. Resident Care & Per Diem	99.3616	99.3616	839,506
4. Prop Exp & Per Diem	12.5736	12.5736	106,234
5. ROE/Use Per Diem	1.2955	1.2955	10,946
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	377.50	7,694.00	8,071.50
3. Staffing Percent	4.6769498	95.3230502	100.00
4. Allocation of Direct Care	63,420.14	1,292,594.86	1,356,015.00
5. Direct Care Expense Per Diem	84.0002	168.0004	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	755	7,694	8,449
2. Additional Services	15,956	162,600	178,556
3. Additional Services Exp & Per Diem	21.1338	21.1334	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	93.5047	93.5047	790,021
2. Resident Care Component	204.4955	288.4953	2,374,077
3. Property Cost Component	12.5736	12.5736	106,234
4. ROE/Use Allow Component	1.2955	1.2955	10,946
5 Total Cost Per Diem	311.8693	395.8691	3,281,278



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

031260600 - 2014/04
356.19
445.82

Mentor Kinkaid Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	102.067	224.306	326.373	102.067	320.530	422.597
2. Inflate Line 1 by Inflation Factor 1.02197521	104.310	229.235	333.545	104.310	327.574	431.884
3. Line 1 x 1.400 x Inflation Factor 1.03076529	105.207	231.207	336.414	105.207	330.392	435.599
4. Current Period Cost	93.505	204.496	298.000	93.505	288.495	382.000
5. Incentive Basis (line 3 - line 4)	11.703	26.712		11.703	41.896	
6. Allowed Current Period Costs (Min of line 3 or 4)	93.505	204.496	298.000	93.505	288.495	382.000
7. Incentive Line 5 x Oper 50% Res 50%	5.851	13.356	19.207	5.851	20.948	26.799
8. Incentive - Line 4 x Oper 10% Res 3%	9.350	6.135	15.485	9.350	8.655	18.005
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.851	6.135	11.986	5.851	8.655	14.506
10. Final Incentive	5.851	6.135	11.986	5.851	8.655	14.506
11. Current Period Base: (line 6+ line 10)	99.356	210.630	309.986	99.356	297.150	396.506
12. Plus: Property Rate Component			12.574			12.574
13. Plus: ROE/Use Rate			1.296			1.296
14. Total Current Period Base			323.856			410.375
15. Prospective Rate: Line 11 x Inflation (1.03003731)	102.340	216.957	319.298	102.340	306.076	408.416
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	102.340	216.957	319.298	102.340	306.076	408.416
19. Property Rate Component			12.574			12.574
20. ROE Component + ROE Interim Component			1.296			1.296
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem	333.17			422.29		
23. Medicaid Days	755			7,694		
24. Resident Days	755			7,694		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.97)	20.97			20.97		
27. Less Rate Cut (0.70974%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.00002146%)	0.77			0.96		
29. Add-On (QAF less Rate Cut)	2.81			3.52		
30. Final Per Diem After Adjustments	356.19			445.82		



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031261400 - 2014/04
RI:374.65 / NM:455.80

Mentor Flamingo Cluster
 1285 Flamingo Drive
 Lantana FL 33462

Provider Number: 031261400
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>398.63</u>	<u>374.65</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>479.86</u>	<u>455.80</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (9)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031261400

Provider Name: **Mentor Flamingo Cluster**
 Provider Number: 31261400
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,360	8,360
2. Operating Expenses Component			
A. Administration			456,160
B. Plant Operation			273,063
C. Laundry			0
D. Housekeeping			40,361
E. Operating Expense Component & Per Diem	92.0555	92.0555	769,584
3. Resident Care			
A. Dietary			121,353
B. Other			0
C. Nursing			853,023
D. Resident Care & Per Diem	116.5522	116.5522	974,376
4. Prop Exp & Per Diem	11.9237	11.9237	99,682
5. ROE/Use Per Diem	1.7657	1.7657	14,761
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,360.00	8,360.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,284,114.00	1,284,114.00
5. Direct Care Expense Per Diem	76.8011	153.6022	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,360	8,360
2. Additional Services	0	217,484	217,484
3. Additional Services Exp & Per Diem	26.0148	26.0148	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.0555	92.0555	769,584
2. Resident Care Component	219.3681	296.1691	2,475,974
3. Property Cost Component	11.9237	11.9237	99,682
4. ROE/Use Allow Component	1.7657	1.7657	14,761
5 Total Cost Per Diem	325.1129	401.9140	3,360,001



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

031261400 - 2014/04
374.65
455.80

Mentor Flamingo Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	108.911	226.669	335.580	108.911	305.750	414.661
2. Inflate Line 1 by Inflation Factor 1.02197521	111.304	231.650	342.955	111.304	312.469	423.773
3. Line 1 x 1.400 x Inflation Factor 1.03076529	112.262	233.643	345.904	112.262	315.157	427.418
4. Current Period Cost	92.056	219.368	311.424	92.056	296.169	388.225
5. Incentive Basis (line 3 - line 4)	20.206	14.275	34.481	20.206	18.987	39.193
6. Allowed Current Period Costs (Min of line 3 or 4)	92.056	219.368	311.424	92.056	296.169	388.225
7. Incentive Line 5 x Oper 50% Res 50%	10.103	7.137	17.240	10.103	9.494	19.597
8. Incentive - Line 4 x Oper 10% Res 3%	9.206	6.581	15.787	9.206	8.885	18.091
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.206	6.581	15.787	9.206	8.885	18.091
10. Final Incentive	9.206	6.581	15.787	9.206	8.885	18.091
11. Current Period Base: (line 6 + line 10)	101.261	225.949	327.210	101.261	305.054	406.315
12. Plus: Property Rate Component			11.924			11.924
13. Plus: ROE/Use Rate			1.766			1.766
14. Total Current Period Base			340.900			420.005
15. Prospective Rate: Line 11 x Inflation (1.03003731)	104.303	232.736	337.039	104.303	314.217	418.520
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	104.303	232.736	337.039	104.303	314.217	418.520
19. Property Rate Component			11.924			11.924
20. ROE Component + ROE Interim Component			1.766			1.766
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			350.73			432.21
23. Medicaid Days			0		8,360	
24. Resident Days			0		8,360	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			0.98
29. Add-On (QAF less Rate Cut)			2.95			3.60
30. Final Per Diem After Adjustments			374.65			455.80



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031262200 - 2014/04
RI:308.92 / NM:0.00

Mentor Barranger Group
 9513 Barranger Drive
 Pensacola FL 32514

Provider Number: 031262200
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>334.88</u>	<u>308.92</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031262200

Provider Name: **Mentor Barranger Group**
 Provider Number: 31262200
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 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	2,138	0	2,138
2. Operating Expenses Component			
A. Administration			78,917
B. Plant Operation			50,012
C. Laundry			0
D. Housekeeping			2,263
E. Operating Expense Component & Per Diem	61.3620	0.0000	131,192
3. Resident Care			
A. Dietary			19,523
B. Other			0
C. Nursing			30,569
D. Resident Care & Per Diem	23.4294	0.0000	50,092
4. Prop Exp & Per Diem	20.2011	0.0000	43,190
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	1,603.50		1,603.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	324,003.00		324,003.00
5. Direct Care Expense Per Diem	151.5449		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,138		2,138
2. Additional Services	23,390		23,390
3. Additional Services Exp & Per Diem	10.9401		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	61.3620		131,192
2. Resident Care Component	185.9144		397,485
3. Property Cost Component	20.2011		43,190
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.4775		571,867



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031262200 - 2014/04
308.92
0.00

Mentor Barranger Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	69.937	202.356	272.293			
2. Inflate Line 1 by Inflation Factor 1.02197521	71.473	206.803	278.276			
3. Line 1 x 1.400 x Inflation Factor 1.03076529	72.088	208.582	280.670			
4. Current Period Cost	61.362	185.914	247.276			
5. Incentive Basis (line 3 - line 4)	10.726	22.667		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.362	185.914	247.276			
7. Incentive Line 5 x Oper 50% Res 50%	5.363	11.334	16.697	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.136	5.577	11.714	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.363	5.577	10.941	0.000	0.000	0.000
10. Final Incentive	5.363	5.577	10.941	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	66.725	191.492	258.217	0.000	0.000	0.000
12. Plus: Property Rate Component			20.201			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			278.418			0.000
15. Prospective Rate: Line 11 x Inflation (1.03003731)	68.729	197.244	265.973	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.729	197.244	265.973	0.000	0.000	0.000
19. Property Rate Component			20.201			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			286.17			0.00
23. Medicaid Days		2,138			0	
24. Resident Days		2,138			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.66			0.00
29. Add-On (QAF less Rate Cut)			2.44			0.00
30. Final Per Diem After Adjustments			308.92			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031263100 - 2014/04
RI:286.01 / NM:0.00

Mentor Greenridge Group Home
 222 Greenridge Road
 Pensacola FL 32514

Provider Number: 031263100
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.01</u>	<u>286.01</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031263100

Provider Name: **Mentor Greenridge Group Home**
 Provider Number: 31263100
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 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	2,166	0	2,166
2. Operating Expenses Component			
A. Administration			77,540
B. Plant Operation			44,143
C. Laundry			0
D. Housekeeping			2,069
E. Operating Expense Component & Per Diem	57,1339	0.0000	123,752
3. Resident Care			
A. Dietary			19,268
B. Other			0
C. Nursing			17,084
D. Resident Care & Per Diem	16,7830	0.0000	36,352
4. Prop Exp & Per Diem	15,2548	0.0000	33,042
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	1,624.50		1,624.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	319,714.00		319,714.00
5. Direct Care Expense Per Diem	147.6057		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,166		2,166
2. Additional Services	18,363		18,363
3. Additional Services Exp & Per Diem	8,4778		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57,1339		123,752
2. Resident Care Component	172,8666		374,429
3. Property Cost Component	15,2548		33,042
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	245.2553		531,223



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031263100 - 2014/04
286.01
0.00

Mentor Greenridge Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	67.641	183.522	251.162			
2. Inflate Line 1 by Inflation Factor 1.02197521	69.127	187.555	256.682			
3. Line 1 x 1.400 x Inflation Factor 1.03076529	69.722	189.168	258.890			
4. Current Period Cost	57.134	172.867	230.000			
5. Incentive Basis (line 3 - line 4)	12.588	16.301		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.134	172.867	230.000			
7. Incentive Line 5 x Oper 50% Res 50%	6.294	8.151	14.445	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.713	5.186	10.899	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.713	5.186	10.899	0.000	0.000	0.000
10. Final Incentive	5.713	5.186	10.899	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	62.847	178.053	240.900	0.000	0.000	0.000
12. Plus: Property Rate Component			15.255			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.155			0.000
15. Prospective Rate: Line 11 x Inflation (1.03003731)	64.735	183.401	248.136	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.735	183.401	248.136	0.000	0.000	0.000
19. Property Rate Component			15.255			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.39			0.00
23. Medicaid Days		2,166			0	
24. Resident Days		2,166			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.62			0.00
29. Add-On (QAF less Rate Cut)			2.26			0.00
30. Final Per Diem After Adjustments			286.01			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031264900 - 2014/04
RI:364.36 / NM:442.15

Mentor Pensacola Cluster
 9460 S. University Parkway
 Pensacola FL 32514

Provider Number: 031264900
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>378.18</u>	<u>364.36</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>506.91</u>	<u>442.15</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (1)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031264900

Provider Name: **Mentor Pensacola Cluster**
 Provider Number: 31264900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,697	8,697
2. Operating Expenses Component			
A. Administration			501,981
B. Plant Operation			306,822
C. Laundry			0
D. Housekeeping			104,452
E. Operating Expense Component & Per Diem	105.0080	105.0080	913,255
3. Resident Care			
A. Dietary			141,307
B. Other			0
C. Nursing			887,504
D. Resident Care & Per Diem	118.2949	118.2949	1,028,811
4. Prop Exp & Per Diem	8.2072	8.2072	71,378
5. ROE/Use Per Diem	0.5601	0.5601	4,871
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,697.00	8,697.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,231,210.00	1,231,210.00
5. Direct Care Expense Per Diem	70.7836	141.5672	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,697	8,697
2. Additional Services	0	192,315	192,315
3. Additional Services Exp & Per Diem	22.1128	22.1128	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	105.0080	105.0080	913,255
2. Resident Care Component	211.1913	281.9749	2,452,336
3. Property Cost Component	8.2072	8.2072	71,378
4. ROE/Use Allow Component	0.5601	0.5601	4,871
5 Total Cost Per Diem	324.9667	395.7503	3,441,840



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

031264900 - 2014/04
364.36
442.15

Mentor Pensacola Cluster

Ownership: State Cluster[2]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	106.674	211.481	318.155	106.674	336.789	443.463
2. Inflate Line 1 by Inflation Factor 1.02197521	109.018	216.128	325.146	109.018	344.190	453.208
3. Line 1 x 1.400 x Inflation Factor 1.03076529	109.956	217.987	327.943	109.956	347.150	457.106
4. Current Period Cost	105.008	211.191	316.199	105.008	281.975	386.983
5. Incentive Basis (line 3 - line 4)	4.948	6.796	11.744	4.948	65.175	70.123
6. Allowed Current Period Costs (Min of line 3 or 4)	105.008	211.191	316.199	105.008	281.975	386.983
7. Incentive Line 5 x Oper 50% Res 50%	2.474	3.398	5.872	2.474	32.588	35.062
8. Incentive - Line 4 x Oper 10% Res 3%	10.501	6.336	16.837	10.501	8.459	18.960
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.474	3.398	5.872	2.474	8.459	10.933
10. Final Incentive	2.474	3.398	5.872	2.474	8.459	10.933
11. Current Period Base: (line 6 + line 10)	107.482	214.589	322.071	107.482	290.434	397.916
12. Plus: Property Rate Component			8.207			8.207
13. Plus: ROE/Use Rate			0.560			0.560
14. Total Current Period Base			330.838			406.684
15. Prospective Rate: Line 11 x Inflation (1.03003731)	110.711	221.035	331.745	110.711	299.158	409.869
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	110.711	221.035	331.745	110.711	299.158	409.869
19. Property Rate Component			8.207			8.207
20. ROE Component + ROE Interim Component			0.560			0.560
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			340.51			418.64
23. Medicaid Days			0		8,697	
24. Resident Days			0		8,697	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.00			0.95
29. Add-On (QAF less Rate Cut)			2.87			3.49
30. Final Per Diem After Adjustments			364.36			442.15



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031265700 - 2014/04
RI:331.52 / NM:0.00

Mentor Caprona Group Home
 111 N.E Caprona Avenue
 Port St. Lucie FL 34983

Provider Number: 031265700
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>385.19</u>	<u>331.52</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical			

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input checked="" type="checkbox"/> Total Prospective
<input type="checkbox"/> Interim Component	<input type="checkbox"/> Prospective Adjusted for New Cost
<input type="checkbox"/> Settlement Based on Costs	

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> Unaudited Costs	<input type="checkbox"/> Desk Audit - Interim Portion
<input type="checkbox"/> Field Audited Costs	<input type="checkbox"/> Desk Audit - Prospective Portion
<input type="checkbox"/> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:
 National Mentor Healthcare, LLC

3258 Parkside Center Circle
 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031265700

Provider Name: **Mentor Caprona Group Home**
 Provider Number: 31265700
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 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	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			75,512
B. Plant Operation			68,837
C. Laundry			0
D. Housekeeping			2,672
E. Operating Expense Component & Per Diem	67.1329	0.0000	147,021
3. Resident Care			
A. Dietary			22,918
B. Other			0
C. Nursing			58,454
D. Resident Care & Per Diem	37.1562	0.0000	81,372
4. Prop Exp & Per Diem	22.2210	0.0000	48,664
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	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	324,910.00		324,910.00
5. Direct Care Expense Per Diem	148.3607		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	27,938		27,938
3. Additional Services Exp & Per Diem	12.7571		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	67.1329		147,021
2. Resident Care Component	198.2740		434,220
3. Property Cost Component	22.2210		48,664
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	287.6279		629,905



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031265700 - 2014/04
331.52
0.00

Mentor Caprona Group Home

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.424	234.978	315.403			
2. Inflate Line 1 by Inflation Factor 1.02197521	82.192	240.142	322.334			
3. Line 1 x 1.400 x Inflation Factor 1.03076529	82.899	242.208	325.106			
4. Current Period Cost	67.133	198.274	265.407			
5. Incentive Basis (line 3 - line 4)	15.766	43.934		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.133	198.274	265.407			
7. Incentive Line 5 x Oper 50% Res 50%	7.883	21.967	29.850	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.713	5.948	12.662	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.713	5.948	12.662	0.000	0.000	0.000
10. Final Incentive	6.713	5.948	12.662	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.846	204.222	278.068	0.000	0.000	0.000
12. Plus: Property Rate Component			22.221			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			300.289			0.000
15. Prospective Rate: Line 11 x Inflation (1.03003731)	76.064	210.356	286.421	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.064	210.356	286.421	0.000	0.000	0.000
19. Property Rate Component			22.221			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			308.64			0.00
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.71			0.00
29. Add-On (QAF less Rate Cut)			2.62			0.00
30. Final Per Diem After Adjustments			331.52			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031266500 - 2014/04
RI:211.93 / NM:242.64

Mentor Rich Street Group
 2318 Rich Street
 Port St. Lucie FL 34984

Provider Number: 031266500
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>269.41</u>	<u>211.93</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>312.23</u>	<u>242.64</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

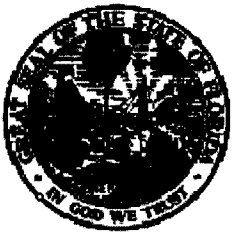
Distribution:

Contract Management
 DPODS - DCF (15)
 Home Office:
 National Mentor Healthcare, LLC

 3258 Parkside Center Circle

 Tampa FL 33619

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031266500

Provider Name: **Mentor Rich Street Group**
 Provider Number: 31266500
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 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	1,391	792	2,183
2. Operating Expenses Component			
A. Administration			51,027
B. Plant Operation			39,967
C. Laundry			0
D. Housekeeping			2,954
E. Operating Expense Component & Per Diem	43.0362	43.0362	93,948
3. Resident Care			
A. Dietary			23,130
B. Other			0
C. Nursing			13,505
D. Resident Care & Per Diem	16.7820	16.7820	36,635
4. Prop Exp & Per Diem	19.9116	19.9116	43,467
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	1,043.25	792.00	1,835.25
3. Staffing Percent	56.8451165	43.1548835	100.00
4. Allocation of Direct Care	120,096.68	91,173.32	211,270.00
5. Direct Care Expense Per Diem	86.3384	115.1178	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,391	792	2,183
2. Additional Services	16,369	9,320	25,689
3. Additional Services Exp & Per Diem	11.7678	11.7677	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	43.0362	43.0362	93,948
2. Resident Care Component	114.8881	143.6675	273,594
3. Property Cost Component	19.9116	19.9116	43,467
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	177.8359	206.6152	411,009



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031266500 - 2014/04
211.93
242.64

Mentor Rich Street Group

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	48.560	161.938	210.498	48.560	203.622	252.182
2. Inflate Line 1 by Inflation Factor 1.02197521	49.627	165.496	215.123	49.627	208.097	257.724
3. Line 1 x 1.400 x Inflation Factor 1.03076529	50.054	166.920	216.974	50.054	209.886	259.940
4. Current Period Cost	43.036	114.888	157.924	43.036	143.667	186.704
5. Incentive Basis (line 3 - line 4)	7.018	52.032		7.018	66.219	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.036	114.888	157.924	43.036	143.667	186.704
7. Incentive Line 5 x Oper 50% Res 50%	3.509	26.016	29.525	3.509	33.109	36.618
8. Incentive - Line 4 x Oper 10% Res 3%	4.304	3.447	7.750	4.304	4.310	8.614
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.509	3.447	6.955	3.509	4.310	7.819
10. Final Incentive	3.509	3.447	6.955	3.509	4.310	7.819
11. Current Period Base: (line 6 + line 10)	46.545	118.335	164.880	46.545	147.977	194.522
12. Plus: Property Rate Component			19.912			19.912
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			184.791			214.434
15. Prospective Rate: Line 11 x Inflation (1.03003731)	47.943	121.889	169.832	47.943	152.422	200.365
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	47.943	121.889	169.832	47.943	152.422	200.365
19. Property Rate Component			19.912			19.912
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			189.74			220.28
23. Medicaid Days		1,391			792	
24. Resident Days		1,391			792	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.46			0.52
29. Add-On (QAF less Rate Cut)			1.67			1.92
30. Final Per Diem After Adjustments			211.93			242.64



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031267300 - 2014/04
RI:313.86 / NM:385.62

Mentor Sandpiper Cluster
 1000 East 14th Street
 Stuart FL 34996

Provider Number: 031267300
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>352.81</u>	<u>313.86</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>427.77</u>	<u>385.62</u>	<u>4/1/2014</u>

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (15)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

 For Information only - No Change in rate



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 04/2014 to 04/2014

031267300

Provider Name: **Mentor Sandpiper Cluster**
 Provider Number: 31267300
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,488	7,157	8,645
2. Operating Expenses Component			
A. Administration			360,770
B. Plant Operation			158,504
C. Laundry			0
D. Housekeeping			81,453
E. Operating Expense Component & Per Diem	69.4884	69.4884	600,727
3. Resident Care			
A. Dietary			158,832
B. Other			0
C. Nursing			723,572
D. Resident Care & Per Diem	102.0710	102.0710	882,404
4. Prop Exp & Per Diem	12.4088	12.4088	107,274
5. ROE/Use Per Diem	0.6310	0.6310	5,455
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	744.00	7,157.00	7,901.00
3. Staffing Percent	9.4165296	90.5834704	100.00
4. Allocation of Direct Care	100,057.59	962,516.41	1,062,574.00
5. Direct Care Expense Per Diem	67.2430	134.4860	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,488	7,157	8,645
2. Additional Services	27,607	132,786	160,393
3. Additional Services Exp & Per Diem	18.5531	18.5533	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	69.4884	69.4884	600,727
2. Resident Care Component	187.8671	255.1103	2,105,371
3. Property Cost Component	12.4088	12.4088	107,274
4. ROE/Use Allow Component	0.6310	0.6310	5,455
5 Total Cost Per Diem	270.3953	337.6385	2,818,827



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031267300 - 2014/04
313.86
385.62

Mentor Sandpiper Cluster

Ownership: Private[3]

Incentive Rating: Eligible[2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	95.285	197.866	293.152	95.285	270.841	366.126
2. Inflate Line 1 by Inflation Factor 1.02197521	97.379	202.214	299.594	97.379	276.792	374.172
3. Line 1 x 1.400 x Inflation Factor 1.03076529	98.217	203.954	302.171	98.217	279.173	377.390
4. Current Period Cost	69.488	187.867	257.355	69.488	255.110	324.599
5. Incentive Basis (line 3 - line 4)	28.729	16.086	44.815	28.729	24.063	52.792
6. Allowed Current Period Costs (Min of line 3 or 4)	69.488	187.867	257.355	69.488	255.110	324.599
7. Incentive Line 5 x Oper 50% Res 50%	14.364	8.043	22.408	14.364	12.031	26.396
8. Incentive - Line 4 x Oper 10% Res 3%	6.949	5.636	12.585	6.949	7.653	14.602
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.949	5.636	12.585	6.949	7.653	14.602
10. Final Incentive	6.949	5.636	12.585	6.949	7.653	14.602
11. Current Period Base: (line 6 + line 10)	76.437	193.503	269.940	76.437	262.764	339.201
12. Plus: Property Rate Component			12.409			12.409
13. Plus: ROE/Use Rate			0.631			0.631
14. Total Current Period Base			282.980			352.241
15. Prospective Rate: Line 11 x Inflation (1.03003731)	78.733	199.315	278.049	78.733	270.656	349.390
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.733	199.315	278.049	78.733	270.656	349.390
19. Property Rate Component			12.409			12.409
20. ROE Component + ROE Interim Component			0.631			0.631
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			291.09			362.43
23. Medicaid Days		1,488			7,157	
24. Resident Days		1,488			7,157	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.68			0.83
29. Add-On (QAF less Rate Cut)			2.48			3.05
30. Final Per Diem After Adjustments			313.86			385.62



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
 Tallahassee, Florida 32308

031345900 - 2014/04
RI:378.42 / NM:0.00

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto FL 32661

Provider Number: 031345900
 Date: 4/17/2014
 FYE: 5/31/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>383.52</u>	<u>378.42</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>0.00</u>	

Rate Type:

<u> </u> Interim	<u> X </u> Prospective
<u> </u> Total Interim	<u> </u> X Total Prospective
<u> </u> Interim Component	<u> </u> Prospective Adjusted for New Cost
<u> </u> Settlement Based on Costs	

Basis

<u> </u> Budget	<u> </u> Desk Audited Costs
<u> X </u> Unaudited Costs	<u> </u> Desk Audit - Interim Portion
<u> </u> Field Audited Costs	<u> </u> Desk Audit - Prospective Portion
<u> </u> Field Audit - Interim Portion	


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (13)
 Home Office:

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Profile Sheet
Rate Period(s) 04/2014 to 04/2014

031345900

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited [3]
 Date: 4/17/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 06/01/2012 - 05/31/2013
 Days In Reporting Period: 365
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	17,338	0	17,338
2. Operating Expenses Component			
A. Administration			1,031,296
B. Plant Operation			408,125
C. Laundry			39,742
D. Housekeeping			296,648
E. Operating Expense Component & Per Diem	102,4231	0.0000	1,775,811
3. Resident Care			
A. Dietary			489,302
B. Other			0
C. Nursing			572,639
D. Resident Care & Per Diem	61,2493	0.0000	1,061,941
4. Prop Exp & Per Diem	28,8122	0.0000	499,546
5. ROE/Use Per Diem	0,8679	0.0000	15,048
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,669.00		8,669.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,198,065.00		2,198,065.00
5. Direct Care Expense Per Diem	126.7773		
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	17,338		17,338
2. Additional Services	413,451		413,451
3. Additional Services Exp & Per Diem	23,8465		
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	102,4231		1,775,811
2. Resident Care Component	211,8732		3,673,457
3. Property Cost Component	28,8122		499,546
4. ROE/Use Allow Component	0,8679		15,048
5 Total Cost Per Diem	343,9764		5,963,862



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

031345900 - 2014/04

378.42

0.00

New Horizons Village

Ownership: Private [3]

Incentive Rating: Eligible [2] from 04/01/2013 - 09/30/2013 Days Eligible: 183 of 183

Eligibility factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2012	5/31/2013	Unaudited [3]	201310
Prior Cost Report	6/1/2011	5/31/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	100.255	208.157	308.411			
2. Inflate Line 1 by Inflation Factor 1.02197521	102.458	212.731	315.189			
3. Line 1 x 1.400 x Inflation Factor 1.03076529	103.339	214.561	317.900			
4. Current Period Cost	102.423	211.873	314.296			
5. Incentive Basis (line 3 - line 4)	0.916	2.688		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	102.423	211.873	314.296			
7. Incentive Line 5 x Oper 50% Res 50%	0.458	1.344	1.802	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	10.242	6.356	16.599	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.458	1.344	1.802	0.000	0.000	0.000
10. Final Incentive	0.458	1.344	1.802	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	102.881	213.217	316.098	0.000	0.000	0.000
12. Plus: Property Rate Component			28.812			0.000
13. Plus: ROE/Use Rate			0.868			0.000
14. Total Current Period Base			345.778			0.000
15. Prospective Rate: Line 11 x Inflation (1.03003731)	105.971	219.621	325.593	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.971	219.621	325.593	0.000	0.000	0.000
19. Property Rate Component			28.812			0.000
20. ROE Component + ROE Interim Component			0.868			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			355.27			0.00
23. Medicaid Days		17,338				0
24. Resident Days		17,338				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.97)			20.97			20.97
27. Less Rate Cut (0.70974%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.00002146%)			0.81			0.00
29. Add-On (QAF less Rate Cut)			2.99			0.00
30. Final Per Diem After Adjustments			378.42			0.00