



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

000169300 - 2019/07

RI: 268.19

NM: 0.00

St. Augustine Center for Living

Ownership:Private

Incentive Rating: Ineligible from 05/01/2018 - 05/16/2018 Days Eligible: 349 of 365

Eligibility Factor : 95.62%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2016	11/30/2017	Unaudited Costs	201807
Prior Cost Report	12/1/2015	11/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	49.187	154.668	203.855	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02662895	50.497	158.786	209.283	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03728053	51.021	160.434	211.455	0.000	0.000	0.000
4.Current Period Cost	48.521	151.421	199.942	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.499	9.013		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.521	151.421	199.942	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.250	4.507	5.756	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.852	4.543	9.395	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 95.62%	1.195	4.309	5.504	0.000	0.000	0.000
10.Final Incentive	1.195	4.309	5.504	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.716	155.730	205.446	0.000	0.000	0.000
12.Plus: Property Rate Component			20.930			0.000
13.Plus: ROE/Use Rate			0.963			0.000
14.Total Current Period Base			227.340			0.000
15.Prospective Rate: Line 11 x Inflation 1.07782435	53.585	167.849	221.435	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.585	167.849	221.435	0.000	0.000	0.000
19.Property Rate Component			20.930			0.000
20.ROE Component + ROE Interim Component			0.963			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			243.33			0.00
23.Medicaid Days		21,823			0	
24.Resident Days		21,823			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.69			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			268.19			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001069500 - 2019/07

RI: 417.19

NM: 504.47

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Miner North

Ownership:Private

Incentive Rating: Ineligible from 05/31/2018 - 06/30/2018 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2017	5/31/2018	Unaudited Costs	201807
Prior Cost Report	6/1/2016	5/31/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	129.010	182.503	311.513	129.010	259.268	388.278
2.Inflate Line 1 by Inflation Factor 1.02717822	132.516	187.463	319.979	132.516	266.314	398.831
3.Line 1 X 1.4000 X Inflation Factor 1.03804951	133.919	189.447	323.366	133.919	269.133	403.052
4.Current Period Cost	118.966	185.986	304.952	118.966	270.797	389.762
5.Incentive Basis (line 3 - line 4)	14.953	3.461		14.953	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	118.966	185.986	304.952	118.966	269.133	388.099
7.Incentive Line 5 x Oper 50% Res 50%	7.477	1.730	9.207	7.477	0.000	7.477
8.Incentive - Line 4 x Oper 10% Res 3%	11.897	5.580	17.476	11.897	0.000	11.897
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	6.842	1.583	8.425	6.842	0.000	6.842
10.Final Incentive	6.842	1.583	8.425	6.842	0.000	6.842
11.Current Period Base: (line 6 + line 10)	125.807	187.570	313.377	125.807	269.133	394.940
12.Plus: Property Rate Component			53.567			53.567
13.Plus: ROE/Use Rate			4.623			4.623
14.Total Current Period Base			371.567			453.130
15.Prospective Rate: Line 11 x Inflation 1.06326657	133.767	199.437	333.203	133.767	286.160	419.927
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	133.767	199.437	333.203	133.767	286.160	419.927
19.Property Rate Component			53.567			53.567
20.ROE Component + ROE Interim Component			4.623			4.623
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			391.39			478.12
23.Medicaid Days		730			8,030	
24.Resident Days		730			8,030	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.63			3.18
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			417.19			504.47



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

001071000 - 2019/07

RI: 390.71

NM: 473.37

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Miner South

Ownership:Private

Incentive Rating: Ineligible from 05/01/2018 - 05/19/2018 Days Eligible: 346 of 365

Eligibility Factor : 94.79%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2017	5/31/2018	Unaudited Costs	201807
Prior Cost Report	6/1/2016	5/31/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	120.042	160.848	280.889	120.042	235.262	355.304
2.Inflate Line 1 by Inflation Factor 1.02717822	123.304	165.219	288.523	123.304	241.656	364.960
3.Line 1 X 1.4000 X Inflation Factor 1.03804951	124.609	166.968	291.577	124.609	244.213	368.823
4.Current Period Cost	119.012	183.774	302.786	119.012	266.863	385.875
5.Incentive Basis (line 3 - line 4)	5.597	0.000		5.597	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.012	166.968	285.980	119.012	244.213	363.226
7.Incentive Line 5 x Oper 50% Res 50%	2.798	0.000	2.798	2.798	0.000	2.798
8.Incentive - Line 4 x Oper 10% Res 3%	11.901	0.000	11.901	11.901	0.000	11.901
9.Incentive - Min of Line 7,8 x Eligibility factor 94.79%	2.653	0.000	2.653	2.653	0.000	2.653
10.Final Incentive	2.653	0.000	2.653	2.653	0.000	2.653
11.Current Period Base: (line 6 + line 10)	121.665	166.968	288.633	121.665	244.213	365.878
12.Plus: Property Rate Component			53.707			53.707
13.Plus: ROE/Use Rate			4.479			4.479
14.Total Current Period Base			346.819			424.064
15.Prospective Rate: Line 11 x Inflation 1.06326657	129.362	177.531	306.894	129.362	259.664	389.026
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	129.362	177.531	306.894	129.362	259.664	389.026
19.Property Rate Component			53.707			53.707
20.ROE Component + ROE Interim Component			4.479			4.479
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			365.08			447.21
23.Medicaid Days			1,095			7,609
24.Resident Days			1,095			7,609
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.46			2.99
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			390.71			473.37



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2019/07

RI: 379.72

NM: 436.84

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Bayview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.178	217.778	311.956	94.178	279.244	373.423
2.Inflate Line 1 by Inflation Factor 1.05396377	99.261	229.530	328.790	99.261	294.313	393.574
3.Line 1 X 1.4000 X Inflation Factor 1.07554928	101.294	234.231	335.524	101.294	300.341	401.634
4.Current Period Cost	106.306	202.750	309.056	106.306	255.036	361.342
5.Incentive Basis (line 3 - line 4)	0.000	31.480		0.000	45.304	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.294	202.750	304.044	101.294	255.036	356.330
7.Incentive Line 5 x Oper 50% Res 50%	0.000	15.740	15.740	0.000	22.652	22.652
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.083	6.083	0.000	7.651	7.651
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.083	6.083	0.000	7.651	7.651
10.Final Incentive	0.000	6.083	6.083	0.000	7.651	7.651
11.Current Period Base: (line 6 + line 10)	101.294	208.833	310.126	101.294	262.687	363.981
12.Plus: Property Rate Component			18.573			18.573
13.Plus: ROE/Use Rate			8.717			8.717
14.Total Current Period Base			337.416			391.270
15.Prospective Rate: Line 11 x Inflation 1.05396385	106.760	220.102	326.862	106.760	276.863	383.623
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	106.760	220.102	326.862	106.760	276.863	383.623
19.Property Rate Component			18.573			18.573
20.ROE Component + ROE Interim Component			8.717			8.717
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			354.15			410.91
23.Medicaid Days			1,456			728
24.Resident Days			1,456			728
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.40			2.76
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			379.72			436.84



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012038000 - 2019/07

RI: 327.41

NM: 381.78

Seaview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	91.235	196.302	287.537	91.235	251.376	342.611
2.Inflate Line 1 by Inflation Factor 1.05396377	96.158	206.895	303.053	96.158	264.941	361.099
3.Line 1 X 1.4000 X Inflation Factor 1.07554928	98.128	211.132	309.260	98.128	270.367	368.495
4.Current Period Cost	63.851	195.209	259.059	63.851	244.980	308.831
5.Incentive Basis (line 3 - line 4)	34.277	15.924		34.277	25.387	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.851	195.209	259.059	63.851	244.980	308.831
7.Incentive Line 5 x Oper 50% Res 50%	17.139	7.962	25.101	17.139	12.693	29.832
8.Incentive - Line 4 x Oper 10% Res 3%	6.385	5.856	12.241	6.385	7.349	13.734
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.385	5.856	12.241	6.385	7.349	13.734
10.Final Incentive	6.385	5.856	12.241	6.385	7.349	13.734
11.Current Period Base: (line 6 + line 10)	70.236	201.065	271.300	70.236	252.330	322.565
12.Plus: Property Rate Component			14.721			14.721
13.Plus: ROE/Use Rate			1.511			1.511
14.Total Current Period Base			287.532			338.797
15.Prospective Rate: Line 11 x Inflation 1.05396385	74.026	211.915	285.941	74.026	265.947	339.972
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	74.026	211.915	285.941	74.026	265.947	339.972
19.Property Rate Component			14.721			14.721
20.ROE Component + ROE Interim Component			1.511			1.511
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			302.17			356.20
23.Medicaid Days		1,536			571	
24.Resident Days		1,536			571	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.07			2.41
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			327.41			381.78



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012040300 - 2019/07

RI: 381.32

NM: 441.49

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2014	9/30/2015	Field Audited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.136	195.663	289.799	94.136	247.805	341.941
2.Inflate Line 1 by Inflation Factor 1.02303391	96.304	200.170	296.474	96.304	253.513	349.817
3.Line 1 X 1.4000 X Inflation Factor 1.03224747	97.171	201.973	299.144	97.171	255.796	352.968
4.Current Period Cost	87.433	212.578	300.011	87.433	259.361	346.794
5.Incentive Basis (line 3 - line 4)	9.738	0.000		9.738	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.433	201.973	289.406	87.433	255.796	343.229
7.Incentive Line 5 x Oper 50% Res 50%	4.869	0.000	4.869	4.869	0.000	4.869
8.Incentive - Line 4 x Oper 10% Res 3%	8.743	0.000	8.743	8.743	0.000	8.743
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.869	0.000	4.869	4.869	0.000	4.869
10.Final Incentive	4.869	0.000	4.869	4.869	0.000	4.869
11.Current Period Base: (line 6 + line 10)	92.302	201.973	294.275	92.302	255.796	348.099
12.Plus: Property Rate Component			24.006			24.006
13.Plus: ROE/Use Rate			4.848			4.848
14.Total Current Period Base			323.129			376.953
15.Prospective Rate: Line 11 x Inflation 1.11083972	102.533	224.359	326.892	102.533	284.149	386.682
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	102.533	224.359	326.892	102.533	284.149	386.682
19.Property Rate Component			24.006			24.006
20.ROE Component + ROE Interim Component			4.848			4.848
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			355.75			415.54
23.Medicaid Days			366			1,830
24.Resident Days			366			1,830
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.41			2.78
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			381.32			441.49



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012073200 - 2019/07

RI: 463.58

NM: 0.00

Suffridge Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.624	250.916	367.541	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	122.963	264.555	387.518	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	125.499	270.011	395.509	0.000	0.000	0.000
4.Current Period Cost	126.335	269.708	396.043	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.303		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	125.499	269.708	395.206	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.151	0.151	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	8.091	8.091	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.151	0.151	0.000	0.000	0.000
10.Final Incentive	0.000	0.151	0.151	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	125.499	269.859	395.358	0.000	0.000	0.000
12.Plus: Property Rate Component			21.747			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			417.105			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	131.970	283.773	415.743	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	131.970	283.773	415.743	0.000	0.000	0.000
19.Property Rate Component			21.747			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			437.49			0.00
23.Medicaid Days			1,844			0
24.Resident Days			1,844			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.92			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			463.58			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012074200 - 2019/07

RI: 361.66

NM: 399.48

Coletta Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.333	171.275	283.608	112.333	204.487	316.821
2.Inflate Line 1 by Inflation Factor 1.05435536	118.439	180.584	299.024	118.439	215.602	334.041
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	120.882	184.308	305.190	120.882	220.048	340.930
4.Current Period Cost	113.750	185.363	299.113	113.750	229.795	343.545
5.Incentive Basis (line 3 - line 4)	7.132	0.000		7.132	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.750	184.308	298.058	113.750	220.048	333.798
7.Incentive Line 5 x Oper 50% Res 50%	3.566	0.000	3.566	3.566	0.000	3.566
8.Incentive - Line 4 x Oper 10% Res 3%	11.375	0.000	11.375	11.375	0.000	11.375
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.566	0.000	3.566	3.566	0.000	3.566
10.Final Incentive	3.566	0.000	3.566	3.566	0.000	3.566
11.Current Period Base: (line 6 + line 10)	117.316	184.308	301.624	117.316	220.048	337.364
12.Plus: Property Rate Component			19.031			19.031
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			320.655			356.395
15.Prospective Rate: Line 11 x Inflation 1.05156167	123.365	193.811	317.176	123.365	231.394	354.759
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.365	193.811	317.176	123.365	231.394	354.759
19.Property Rate Component			19.031			19.031
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			336.21			373.79
23.Medicaid Days			1,333			786
24.Resident Days			1,333			786
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.28			2.52
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.66			399.48



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012074800 - 2019/07

RI: 350.32

NM: 384.22

Spring Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	117.974	151.198	269.172	117.974	180.967	298.941
2.Inflate Line 1 by Inflation Factor 1.05435536	124.386	159.417	283.803	124.386	190.804	315.190
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	126.951	162.704	289.655	126.951	194.738	321.689
4.Current Period Cost	145.075	227.541	372.616	145.075	284.710	429.784
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.951	162.704	289.655	126.951	194.738	321.689
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.951	162.704	289.655	126.951	194.738	321.689
12.Plus: Property Rate Component			20.350			20.350
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			310.005			342.039
15.Prospective Rate: Line 11 x Inflation 1.05156167	133.497	171.093	304.590	133.497	204.779	338.276
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	133.497	171.093	304.590	133.497	204.779	338.276
19.Property Rate Component			20.350			20.350
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			324.94			358.63
23.Medicaid Days		967			424	
24.Resident Days		967			424	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.21			2.42
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			350.32			384.22



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012075300 - 2019/07

RI: 343.85

NM: 377.73

Walnut Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.795	160.553	253.347	92.795	190.308	283.103
2.Inflate Line 1 by Inflation Factor 1.05435536	97.838	169.279	267.118	97.838	200.652	298.491
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	99.856	172.770	272.626	99.856	204.790	304.646
4.Current Period Cost	147.249	202.778	350.027	147.249	255.115	402.364
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)	99.856	172.770	272.626	99.856	204.790	304.646
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)	99.856	172.770	272.626	99.856	204.790	304.646
12.Plus: Property Rate Component			31.827			31.827
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			304.453			336.473
15.Prospective Rate: Line 11 x Inflation 1.05156167	105.005	181.678	286.683	105.005	215.349	320.354
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	105.005	181.678	286.683	105.005	215.349	320.354
19.Property Rate Component			31.827			31.827
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			318.51			352.18
23.Medicaid Days			1,363			132
24.Resident Days			1,363			132
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.17			2.38
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			343.85			377.73



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012075700 - 2019/07

RI: 322.67

NM: 366.14

Bessent Road Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	89.834	164.962	254.796	89.834	196.630	286.463
2.Inflate Line 1 by Inflation Factor 1.05435536	94.717	173.928	268.645	94.717	207.317	302.034
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	96.670	177.515	274.185	96.670	211.593	308.263
4.Current Period Cost	110.355	162.972	273.327	110.355	206.287	316.643
5.Incentive Basis (line 3 - line 4)	0.000	14.543		0.000	5.306	
6.Allowed Current Period Costs (Min of line 3 or 4)	96.670	162.972	259.642	96.670	206.287	302.957
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.272	7.272	0.000	2.653	2.653
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.889	4.889	0.000	6.189	6.189
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.889	4.889	0.000	2.653	2.653
10.Final Incentive	0.000	4.889	4.889	0.000	2.653	2.653
11.Current Period Base: (line 6 + line 10)	96.670	167.861	264.531	96.670	208.940	305.610
12.Plus: Property Rate Component			19.294			19.294
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			283.824			324.903
15.Prospective Rate: Line 11 x Inflation 1.05156167	101.654	176.516	278.170	101.654	219.713	321.368
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.654	176.516	278.170	101.654	219.713	321.368
19.Property Rate Component			19.294			19.294
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			297.46			340.66
23.Medicaid Days			1,824			365
24.Resident Days			1,824			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.04			2.31
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			322.67			366.14



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012075900 - 2019/07

RI: 382.30

NM: 432.61

Frederick Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	119.831	204.222	324.052	119.831	251.757	371.587
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)	119.831	204.222	324.052	119.831	251.757	371.587
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)	119.831	204.222	324.052	119.831	251.757	371.587
12.Plus: Property Rate Component			15.961			15.961
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			340.013			387.548
15.Prospective Rate: Line 11 x Inflation 1.05156167	126.009	214.752	340.761	126.009	264.738	390.747
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	126.009	214.752	340.761	126.009	264.738	390.747
19.Property Rate Component			15.961			15.961
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			356.72			406.71
23.Medicaid Days			2,128			61
24.Resident Days			2,128			61
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.41			2.73
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			382.30			432.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012373500 - 2019/07

RI: 356.69

NM: 392.96

107th Place Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.780	173.983	277.763	103.780	205.833	309.613
2.Inflate Line 1 by Inflation Factor 1.05435536	109.421	183.439	292.860	109.421	217.021	326.442
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	111.677	187.222	298.900	111.677	221.496	333.174
4.Current Period Cost	124.029	236.980	361.010	124.029	290.435	414.465
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	111.677	187.222	298.900	111.677	221.496	333.174
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)	111.677	187.222	298.900	111.677	221.496	333.174
12.Plus: Property Rate Component			16.959			16.959
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			315.858			350.132
15.Prospective Rate: Line 11 x Inflation 1.05156167	117.436	196.876	314.311	117.436	232.917	350.353
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	117.436	196.876	314.311	117.436	232.917	350.353
19.Property Rate Component			16.959			16.959
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			331.27			367.31
23.Medicaid Days			1,573			338
24.Resident Days			1,573			338
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.25			2.48
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			356.69			392.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012374200 - 2019/07

RI: 417.74

NM: 0.00

Second Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	119.217	239.302	358.518	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.217	239.302	358.518	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	119.217	239.302	358.518	0.000	0.000	0.000
12.Plus: Property Rate Component			14.935			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			373.453			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	125.364	251.641	377.004	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	125.364	251.641	377.004	0.000	0.000	0.000
19.Property Rate Component			14.935			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			391.94			0.00
23.Medicaid Days			2,031			0
24.Resident Days			2,031			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.64			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			417.74			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012374400 - 2019/07

RI: 360.94

NM: 0.00

Rosewood Avenue Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	96.266	182.000	278.266	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	101.499	191.892	293.391	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	103.592	195.849	299.441	0.000	0.000	0.000
4.Current Period Cost	115.981	197.581	313.562	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.592	195.849	299.441	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	103.592	195.849	299.441	0.000	0.000	0.000
12.Plus: Property Rate Component			20.611			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			320.052			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	108.933	205.948	314.880	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	108.933	205.948	314.880	0.000	0.000	0.000
19.Property Rate Component			20.611			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			335.49			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.28			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			360.94			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012375400 - 2019/07

RI: 391.47

NM: 446.53

19th Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	113.946	217.357	331.303	113.946	269.386	383.332
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	113.946	217.357	331.303	113.946	269.386	383.332
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	113.946	217.357	331.303	113.946	269.386	383.332
12.Plus: Property Rate Component			17.444			17.444
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			348.747			400.776
15.Prospective Rate: Line 11 x Inflation 1.05156167	119.821	228.565	348.386	119.821	283.276	403.097
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	119.821	228.565	348.386	119.821	283.276	403.097
19.Property Rate Component			17.444			17.444
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			365.83			420.54
23.Medicaid Days			1,429			453
24.Resident Days			1,429			453
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.47			2.82
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			391.47			446.53



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012386400 - 2019/07

RI: 376.28

NM: 0.00

Tunis Street Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	116.341	199.539	315.880	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.341	199.539	315.880	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	116.341	199.539	315.880	0.000	0.000	0.000
12.Plus: Property Rate Component			18.570			0.000
13.Plus: ROE/Use Rate			0.004			0.000
14.Total Current Period Base			334.454			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	122.340	209.827	332.167	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	122.340	209.827	332.167	0.000	0.000	0.000
19.Property Rate Component			18.570			0.000
20.ROE Component + ROE Interim Component			0.004			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			350.74			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.37			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			376.28			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012390800 - 2019/07

RI: 383.23

NM: 0.00

Plaza Oval Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	118.232	198.494	316.726	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	124.659	209.283	333.942	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	127.229	213.599	340.828	0.000	0.000	0.000
4.Current Period Cost	111.676	200.405	312.080	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	15.553	13.195		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	111.676	200.405	312.080	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	7.777	6.597	14.374	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	11.168	6.012	17.180	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.777	6.012	13.789	0.000	0.000	0.000
10.Final Incentive	7.777	6.012	13.789	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	119.453	206.417	325.869	0.000	0.000	0.000
12.Plus: Property Rate Component			14.970			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			340.839			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	125.612	217.060	342.672	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	125.612	217.060	342.672	0.000	0.000	0.000
19.Property Rate Component			14.970			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			357.64			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.42			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			383.23			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012392700 - 2019/07

RI: 394.49

NM: 438.73

Claudia Drive Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	117.057	185.266	302.322	117.057	224.118	341.175
2.Inflate Line 1 by Inflation Factor 1.05435536	123.419	195.336	318.755	123.419	236.300	359.719
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	125.964	199.364	325.328	125.964	241.173	367.137
4.Current Period Cost	144.376	224.405	368.781	144.376	287.280	431.656
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)	125.964	199.364	325.328	125.964	241.173	367.137
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)	125.964	199.364	325.328	125.964	241.173	367.137
12.Plus: Property Rate Component			26.728			26.728
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			352.056			393.865
15.Prospective Rate: Line 11 x Inflation 1.05156167	132.459	209.643	342.103	132.459	253.608	386.067
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	132.459	209.643	342.103	132.459	253.608	386.067
19.Property Rate Component			26.728			26.728
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			368.83			412.80
23.Medicaid Days			1,166			365
24.Resident Days			1,166			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.49			2.77
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			394.49			438.73



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

012410100 - 2019/07

RI: 322.56

NM: 0.00

High Desert Court Group Home (SH of F)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2017	10/31/2018	Unaudited Costs	201807
Prior Cost Report	11/1/2015	10/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	89.235	158.968	248.203	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05435536	94.085	167.609	261.694	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07609750	96.025	171.065	267.090	0.000	0.000	0.000
4.Current Period Cost	116.159	174.199	290.359	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	96.025	171.065	267.090	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	96.025	171.065	267.090	0.000	0.000	0.000
12.Plus: Property Rate Component			16.498			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			283.588			0.000
15.Prospective Rate: Line 11 x Inflation 1.05156167	100.976	179.886	280.862	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	100.976	179.886	280.862	0.000	0.000	0.000
19.Property Rate Component			16.498			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			297.36			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.03			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			322.56			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

015979000 - 2019/07

RI: 352.63

NM: 439.77

Log Cabin Enterprises, Inc. (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 05/01/2018 - 07/17/2018 Days Eligible: 287 of 365

Eligibility Factor : 78.63%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	74.179	206.730	280.909	74.179	284.428	358.608
2.Inflate Line 1 by Inflation Factor 1.02713583	76.192	212.340	288.532	76.192	292.146	368.339
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	76.997	214.584	291.581	76.997	295.234	372.231
4.Current Period Cost	83.393	212.974	296.367	83.393	301.286	384.678
5.Incentive Basis (line 3 - line 4)	0.000	1.610		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.997	212.974	289.971	76.997	295.234	372.231
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.805	0.805	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.389	6.389	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 78.63%	0.000	0.633	0.633	0.000	0.000	0.000
10.Final Incentive	0.000	0.633	0.633	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	76.997	213.607	290.604	76.997	295.234	372.231
12.Plus: Property Rate Component			15.490			15.490
13.Plus: ROE/Use Rate			3.436			3.436
14.Total Current Period Base			309.530			391.157
15.Prospective Rate: Line 11 x Inflation 1.06091167	81.687	226.618	308.305	81.687	313.217	394.904
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.687	226.618	308.305	81.687	313.217	394.904
19.Property Rate Component			15.490			15.490
20.ROE Component + ROE Interim Component			3.436			3.436
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.23			413.83
23.Medicaid Days		25,068			17,503	
24.Resident Days		25,068			17,503	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.22			2.77
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			352.63			439.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028000300 - 2019/07

RI: 288.75

NM: 423.06

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Sandy Park Development Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2017	12/31/2017	Unaudited Costs	201807
Prior Cost Report	1/1/2016	12/31/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.433	188.725	249.159	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02678908	62.052	193.781	255.833	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03750471	62.700	195.803	258.503	0.000	0.000	0.000
4.Current Period Cost	57.531	169.770	227.301	57.531	301.550	359.081
5.Incentive Basis (line 3 - line 4)	5.169	26.033		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.531	169.770	227.301	57.531	301.550	359.081
7.Incentive Line 5 x Oper 50% Res 50%	2.584	13.017	15.601	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.753	5.093	10.846	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.584	5.093	7.678	0.000	0.000	0.000
10.Final Incentive	2.584	5.093	7.678	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	60.115	174.863	234.979	57.531	301.550	359.081
12.Plus: Property Rate Component			11.025			11.025
13.Plus: ROE/Use Rate			0.027			0.027
14.Total Current Period Base			246.031			370.134
15.Prospective Rate: Line 11 x Inflation 1.07544809	64.651	188.056	252.707	61.872	324.302	386.173
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	64.651	188.056	252.707	61.872	324.302	386.173
19.Property Rate Component			11.025			11.025
20.ROE Component + ROE Interim Component			0.027			0.027
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			263.76			397.23
23.Medicaid Days		21,894			1,460	
24.Resident Days		21,894			1,460	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.82			2.67
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			288.75			423.06



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028018601 - 2019/07

RI: 363.06

NM: 459.31

St. Petersburg Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	90.212	218.373	308.585	90.212	314.457	404.669
2.Inflate Line 1 by Inflation Factor 1.02713583	92.659	224.299	316.959	92.659	322.990	415.650
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	93.639	226.669	320.308	93.639	326.404	420.042
4.Current Period Cost	83.026	208.075	291.101	83.026	295.596	378.622
5.Incentive Basis (line 3 - line 4)	10.613	18.594		10.613	30.808	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.026	208.075	291.101	83.026	295.596	378.622
7.Incentive Line 5 x Oper 50% Res 50%	5.307	9.297	14.604	5.307	15.404	20.710
8.Incentive - Line 4 x Oper 10% Res 3%	8.303	6.242	14.545	8.303	8.868	17.170
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.307	6.242	11.549	5.307	8.868	14.174
10.Final Incentive	5.307	6.242	11.549	5.307	8.868	14.174
11.Current Period Base: (line 6 + line 10)	88.332	214.317	302.649	88.332	304.464	392.796
12.Plus: Property Rate Component			14.322			14.322
13.Plus: ROE/Use Rate			2.195			2.195
14.Total Current Period Base			319.166			409.313
15.Prospective Rate: Line 11 x Inflation 1.06091167	93.713	227.372	321.084	93.713	323.009	416.722
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.713	227.372	321.084	93.713	323.009	416.722
19.Property Rate Component			14.322			14.322
20.ROE Component + ROE Interim Component			2.195			2.195
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			337.60			433.24
23.Medicaid Days		1,293			7,030	
24.Resident Days		1,293			7,030	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.29			2.90
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.06			459.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2019/07

RI: 468.98

NM: 627.23

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Laurel Hill Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.399	273.695	400.094	126.399	411.541	537.940
2.Inflate Line 1 by Inflation Factor 1.02612613	129.701	280.846	410.547	129.701	422.293	551.994
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	131.022	283.706	414.728	131.022	426.594	557.616
4.Current Period Cost	140.593	300.724	441.318	140.593	393.041	533.635
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	33.552	
6.Allowed Current Period Costs (Min of line 3 or 4)	131.022	283.706	414.728	131.022	393.041	524.063
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	16.776	16.776
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	11.791	11.791
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	11.791	11.791
10.Final Incentive	0.000	0.000	0.000	0.000	11.791	11.791
11.Current Period Base: (line 6 + line 10)	131.022	283.706	414.728	131.022	404.833	535.854
12.Plus: Property Rate Component			17.275			17.275
13.Plus: ROE/Use Rate			2.737			2.737
14.Total Current Period Base			434.740			555.866
15.Prospective Rate: Line 11 x Inflation 1.08255670	141.839	307.128	448.967	141.839	438.254	580.093
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	141.839	307.128	448.967	141.839	438.254	580.093
19.Property Rate Component			17.275			17.275
20.ROE Component + ROE Interim Component			2.737			2.737
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			468.98			600.10
23.Medicaid Days			0			8,258
24.Resident Days			0			8,258
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			3.96
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			468.98			627.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028020801 - 2019/07

RI: 369.76

NM: 499.73

McCauley Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.905	226.199	298.104	71.905	342.792	414.696
2.Inflate Line 1 by Inflation Factor 1.02713583	73.856	232.337	306.193	73.856	352.094	425.949
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	74.636	234.793	309.429	74.636	355.814	430.451
4.Current Period Cost *	71.157	233.363	304.520	71.157	366.940	438.097
5.Incentive Basis (line 3 - line 4)	3.479	1.430		3.479	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.157	233.363	304.520	71.157	355.814	426.971
7.Incentive Line 5 x Oper 50% Res 50%	1.740	0.715	2.455	1.740	0.000	1.740
8.Incentive - Line 4 x Oper 10% Res 3%	7.116	7.001	14.117	7.116	0.000	7.116
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.740	0.715	2.455	1.740	0.000	1.740
10.Final Incentive	1.740	0.715	2.455	1.740	0.000	1.740
11.Current Period Base: (line 6 + line 10)	72.896	234.078	306.974	72.896	355.814	428.711
12.Plus: Property Rate Component			13.388			13.388
13.Plus: ROE/Use Rate			2.968			2.968
14.Total Current Period Base			323.330			445.067
15.Prospective Rate: Line 11 x Inflation 1.06091167	77.337	248.336	325.672	77.337	377.488	454.824
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	77.337	248.336	325.672	77.337	377.488	454.824
19.Property Rate Component			13.388			13.388
20.ROE Component + ROE Interim Component *			2.968			2.968
21.Plus: Property Interim Rate Component *			2.225			2.225
22.Final Per Diem			344.25			473.41
23.Medicaid Days		2,682			5,654	
24.Resident Days		2,682			5,654	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.33			3.15
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			369.76			499.73

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2019/07

RI: 335.40

NM: 424.18

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Greentree Court Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	75.473	219.831	295.305	75.473	311.322	386.795
2.Inflate Line 1 by Inflation Factor 1.02713583	77.521	225.796	303.318	77.521	319.770	397.291
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	78.341	228.182	306.523	78.341	323.149	401.490
4.Current Period Cost	77.478	199.425	276.903	77.478	280.158	357.636
5.Incentive Basis (line 3 - line 4)	0.863	28.757		0.863	42.991	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.478	199.425	276.903	77.478	280.158	357.636
7.Incentive Line 5 x Oper 50% Res 50%	0.431	14.379	14.810	0.431	21.495	21.927
8.Incentive - Line 4 x Oper 10% Res 3%	7.748	5.983	13.731	7.748	8.405	16.153
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.431	5.983	6.414	0.431	8.405	8.836
10.Final Incentive	0.431	5.983	6.414	0.431	8.405	8.836
11.Current Period Base: (line 6 + line 10)	77.909	205.408	283.317	77.909	288.563	366.472
12.Plus: Property Rate Component			8.076			8.076
13.Plus: ROE/Use Rate			1.463			1.463
14.Total Current Period Base			292.857			376.012
15.Prospective Rate: Line 11 x Inflation 1.06091167	82.655	217.920	300.575	82.655	306.140	388.795
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.655	217.920	300.575	82.655	306.140	388.795
19.Property Rate Component			8.076			8.076
20.ROE Component + ROE Interim Component			1.463			1.463
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			310.11			398.33
23.Medicaid Days			1,495			6,986
24.Resident Days			1,495			6,986
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.12			2.68
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			335.40			424.18



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028029101 - 2019/07

RI: 362.78

NM: 503.67

Mahan Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.979	238.195	309.173	70.979	368.897	439.876
2.Inflate Line 1 by Inflation Factor 1.02713583	72.905	244.658	317.563	72.905	378.907	451.812
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	73.675	247.244	320.919	73.675	382.911	456.587
4.Current Period Cost	57.450	235.083	292.533	57.450	363.356	420.806
5.Incentive Basis (line 3 - line 4)	16.225	12.161		16.225	19.555	
6.Allowed Current Period Costs (Min of line 3 or 4)	57.450	235.083	292.533	57.450	363.356	420.806
7.Incentive Line 5 x Oper 50% Res 50%	8.113	6.080	14.193	8.113	9.778	17.890
8.Incentive - Line 4 x Oper 10% Res 3%	5.745	7.052	12.797	5.745	10.901	16.646
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.745	6.080	11.825	5.745	9.778	15.523
10.Final Incentive	5.745	6.080	11.825	5.745	9.778	15.523
11.Current Period Base: (line 6 + line 10)	63.195	241.163	304.358	63.195	373.134	436.329
12.Plus: Property Rate Component			12.197			12.197
13.Plus: ROE/Use Rate			2.224			2.224
14.Total Current Period Base			318.779			450.750
15.Prospective Rate: Line 11 x Inflation 1.06091167	67.044	255.853	322.897	67.044	395.862	462.906
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	67.044	255.853	322.897	67.044	395.862	462.906
19.Property Rate Component			12.197			12.197
20.ROE Component + ROE Interim Component			2.224			2.224
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			337.32			477.33
23.Medicaid Days			3,741			4,767
24.Resident Days			3,741			4,767
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.29			3.18
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.78			503.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028030501 - 2019/07

RI: 261.71

NM: 313.92

Lake City Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.822	136.095	206.916	70.822	183.212	254.034
2.Inflate Line 1 by Inflation Factor 1.02713583	72.743	139.788	212.531	72.743	188.183	260.927
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	73.512	141.265	214.777	73.512	190.172	263.684
4.Current Period Cost	71.871	143.739	215.610	71.871	198.597	270.469
5.Incentive Basis (line 3 - line 4)	1.641	0.000		1.641	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.871	141.265	213.136	71.871	190.172	262.043
7.Incentive Line 5 x Oper 50% Res 50%	0.820	0.000	0.820	0.820	0.000	0.820
8.Incentive - Line 4 x Oper 10% Res 3%	7.187	0.000	7.187	7.187	0.000	7.187
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.820	0.000	0.820	0.820	0.000	0.820
10.Final Incentive	0.820	0.000	0.820	0.820	0.000	0.820
11.Current Period Base: (line 6 + line 10)	72.692	141.265	213.957	72.692	190.172	262.864
12.Plus: Property Rate Component			8.772			8.772
13.Plus: ROE/Use Rate			1.126			1.126
14.Total Current Period Base			223.855			272.762
15.Prospective Rate: Line 11 x Inflation 1.06091167	77.120	149.870	226.989	77.120	201.756	278.875
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	77.120	149.870	226.989	77.120	201.756	278.875
19.Property Rate Component			8.772			8.772
20.ROE Component + ROE Interim Component			1.126			1.126
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			236.89			288.77
23.Medicaid Days			13			7,989
24.Resident Days			13			7,989
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.65			1.98
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			261.71			313.92



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028031301 - 2019/07

RI: 294.65

NM: 404.28

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Bayshore Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.869	207.697	277.566	69.869	295.036	364.906
2.Inflate Line 1 by Inflation Factor 1.02713583	71.765	213.333	285.098	71.765	303.042	374.807
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	72.523	215.587	288.111	72.523	306.245	378.768
4.Current Period Cost	63.548	193.423	256.971	63.548	270.219	333.766
5.Incentive Basis (line 3 - line 4)	8.976	22.164		8.976	36.026	
6.Allowed Current Period Costs (Min of line 3 or 4)	63.548	193.423	256.971	63.548	270.219	333.766
7.Incentive Line 5 x Oper 50% Res 50%	4.488	11.082	15.570	4.488	18.013	22.501
8.Incentive - Line 4 x Oper 10% Res 3%	6.355	5.803	12.157	6.355	8.107	14.461
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.488	5.803	10.291	4.488	8.107	12.595
10.Final Incentive	4.488	5.803	10.291	4.488	8.107	12.595
11.Current Period Base: (line 6 + line 10)	68.035	199.226	267.261	68.035	278.325	346.361
12.Plus: Property Rate Component			9.221			9.221
13.Plus: ROE/Use Rate			1.886			1.886
14.Total Current Period Base			278.368			357.467
15.Prospective Rate: Line 11 x Inflation 1.06091167	72.180	211.361	283.540	72.180	295.279	367.458
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	72.180	211.361	283.540	72.180	295.279	367.458
19.Property Rate Component			9.221			9.221
20.ROE Component + ROE Interim Component			1.886			1.886
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			294.65			378.56
23.Medicaid Days		0			8,529	
24.Resident Days		0			8,529	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			2.55
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			294.65			404.28



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028032101 - 2019/07

RI: 255.38

NM: 338.49

Gainesville 39th Avenue Cluster (Res-Care)

Ownership:Private

Incentive Rating: Ineligible from 05/16/2018 - 07/31/2018 Days Eligible: 288 of 365

Eligibility Factor : 78.90%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.017	152.955	223.972	71.017	205.449	276.466
2.Inflate Line 1 by Inflation Factor 1.02713583	72.944	157.106	230.050	72.944	211.024	283.969
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	73.715	158.766	232.481	73.715	213.254	286.969
4.Current Period Cost	75.012	163.433	238.445	75.012	213.257	288.269
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)	73.715	158.766	232.481	73.715	213.254	286.969
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 78.90%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	73.715	158.766	232.481	73.715	213.254	286.969
12.Plus: Property Rate Component			7.744			7.744
13.Plus: ROE/Use Rate			0.996			0.996
14.Total Current Period Base			241.221			295.709
15.Prospective Rate: Line 11 x Inflation 1.06091167	78.205	168.437	246.642	78.205	226.244	304.449
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	78.205	168.437	246.642	78.205	226.244	304.449
19.Property Rate Component			7.744			7.744
20.ROE Component + ROE Interim Component			0.996			0.996
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			255.38			313.19
23.Medicaid Days			0			8,348
24.Resident Days			0			8,348
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			2.14
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			255.38			338.49



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2019/07

RI: 362.20

NM: 560.84

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	62.186	224.879	287.065	62.186	400.779	462.965
2.Inflate Line 1 by Inflation Factor 1.02612613	63.811	230.754	294.565	63.811	411.249	475.060
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	64.461	233.104	297.565	64.461	415.438	479.899
4.Current Period Cost	74.723	275.611	350.334	74.723	474.208	548.930
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)	64.461	233.104	297.565	64.461	415.438	479.899
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)	64.461	233.104	297.565	64.461	415.438	479.899
12.Plus: Property Rate Component			13.703			13.703
13.Plus: ROE/Use Rate			0.912			0.912
14.Total Current Period Base			312.180			494.513
15.Prospective Rate: Line 11 x Inflation 1.08255670	69.783	252.349	322.131	69.783	449.735	519.518
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	69.783	252.349	322.131	69.783	449.735	519.518
19.Property Rate Component			13.703			13.703
20.ROE Component + ROE Interim Component			0.912			0.912
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			336.75			534.13
23.Medicaid Days			13,478			3,610
24.Resident Days			13,478			3,610
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.28			3.54
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.20			560.84



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028036401 - 2019/07

RI: 510.26

NM: 688.49

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Skipper Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.736	308.071	434.807	126.736	449.525	576.261
2.Inflate Line 1 by Inflation Factor 1.02612613	130.047	316.119	446.167	130.047	461.269	591.317
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	131.372	319.339	450.711	131.372	465.967	597.339
4.Current Period Cost	130.200	341.932	472.132	130.200	451.163	581.364
5.Incentive Basis (line 3 - line 4)	1.172	0.000		1.172	14.804	
6.Allowed Current Period Costs (Min of line 3 or 4)	130.200	319.339	449.539	130.200	451.163	581.364
7.Incentive Line 5 x Oper 50% Res 50%	0.586	0.000	0.586	0.586	7.402	7.988
8.Incentive - Line 4 x Oper 10% Res 3%	13.020	0.000	13.020	13.020	13.535	26.555
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.586	0.000	0.586	0.586	7.402	7.988
10.Final Incentive	0.586	0.000	0.586	0.586	7.402	7.988
11.Current Period Base: (line 6 + line 10)	130.786	319.339	450.125	130.786	458.565	589.351
12.Plus: Property Rate Component			19.192			19.192
13.Plus: ROE/Use Rate			3.782			3.782
14.Total Current Period Base			473.098			612.325
15.Prospective Rate: Line 11 x Inflation 1.08255670	141.583	345.703	487.286	141.583	496.423	638.006
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	141.583	345.703	487.286	141.583	496.423	638.006
19.Property Rate Component			19.192			19.192
20.ROE Component + ROE Interim Component			3.782			3.782
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			510.26			660.98
23.Medicaid Days			0			8,279
24.Resident Days			0			8,279
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			4.34
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			510.26			688.49



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2019/07

RI: 315.64

NM: 429.32

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.238	200.241	280.479	80.238	279.979	360.217
2.Inflate Line 1 by Inflation Factor 1.02713583	82.415	205.675	288.090	82.415	287.576	369.991
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	83.286	207.848	291.134	83.286	290.615	373.901
4.Current Period Cost	77.996	219.500	297.496	77.996	319.323	397.319
5.Incentive Basis (line 3 - line 4)	5.290	0.000		5.290	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	77.996	207.848	285.845	77.996	290.615	368.611
7.Incentive Line 5 x Oper 50% Res 50%	2.645	0.000	2.645	2.645	0.000	2.645
8.Incentive - Line 4 x Oper 10% Res 3%	7.800	0.000	7.800	7.800	0.000	7.800
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.645	0.000	2.645	2.645	0.000	2.645
10.Final Incentive	2.645	0.000	2.645	2.645	0.000	2.645
11.Current Period Base: (line 6 + line 10)	80.641	207.848	288.490	80.641	290.615	371.256
12.Plus: Property Rate Component			9.575			9.575
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			298.065			380.831
15.Prospective Rate: Line 11 x Inflation 1.06091167	85.553	220.509	306.062	85.553	308.317	393.870
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	85.553	220.509	306.062	85.553	308.317	393.870
19.Property Rate Component			9.575			9.575
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			315.64			403.45
23.Medicaid Days			0			7,295
24.Resident Days			0			7,295
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			2.71
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			315.64			429.32



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028038101 - 2019/07

RI: 235.18

NM: 316.01

Ocala Cluster (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	76.308	132.233	208.540	76.308	181.996	258.304
2.Inflate Line 1 by Inflation Factor 1.02713583	78.378	135.821	214.199	78.378	186.935	265.313
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	79.207	137.256	216.463	79.207	188.910	268.117
4.Current Period Cost	76.736	134.181	210.916	76.736	187.459	264.195
5.Incentive Basis (line 3 - line 4)	2.471	3.076		2.471	1.451	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.736	134.181	210.916	76.736	187.459	264.195
7.Incentive Line 5 x Oper 50% Res 50%	1.236	1.538	2.773	1.236	0.726	1.961
8.Incentive - Line 4 x Oper 10% Res 3%	7.674	4.025	11.699	7.674	5.624	13.297
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.236	1.538	2.773	1.236	0.726	1.961
10.Final Incentive	1.236	1.538	2.773	1.236	0.726	1.961
11.Current Period Base: (line 6 + line 10)	77.971	135.718	213.689	77.971	188.185	266.156
12.Plus: Property Rate Component			7.631			7.631
13.Plus: ROE/Use Rate			0.843			0.843
14.Total Current Period Base			222.163			274.630
15.Prospective Rate: Line 11 x Inflation 1.06091167	82.720	143.985	226.706	82.720	199.647	282.368
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	82.720	143.985	226.706	82.720	199.647	282.368
19.Property Rate Component			7.631			7.631
20.ROE Component + ROE Interim Component			0.843			0.843
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.18			290.84
23.Medicaid Days			0			8,620
24.Resident Days			0			8,620
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			1.99
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			235.18			316.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028040201 - 2019/07

RI: 540.06

NM: 682.35

Williams Road Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	120.969	311.756	432.725	120.969	442.663	563.632
2.Inflate Line 1 by Inflation Factor 1.02612613	124.129	319.901	444.030	124.129	454.228	578.357
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	125.394	323.159	448.553	125.394	458.854	584.247
4.Current Period Cost	130.593	336.167	466.760	130.593	448.688	579.281
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	10.166	
6.Allowed Current Period Costs (Min of line 3 or 4)	125.394	323.159	448.553	125.394	448.688	574.081
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	5.083	5.083
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	13.461	13.461
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	5.083	5.083
10.Final Incentive	0.000	0.000	0.000	0.000	5.083	5.083
11.Current Period Base: (line 6 + line 10)	125.394	323.159	448.553	125.394	453.771	579.164
12.Plus: Property Rate Component			24.314			24.314
13.Plus: ROE/Use Rate			3.586			3.586
14.Total Current Period Base			476.453			607.065
15.Prospective Rate: Line 11 x Inflation 1.08255670	135.746	349.838	485.584	135.746	491.233	626.978
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	135.746	349.838	485.584	135.746	491.233	626.978
19.Property Rate Component			24.314			24.314
20.ROE Component + ROE Interim Component			3.586			3.586
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			513.48			654.88
23.Medicaid Days		365			7,092	
24.Resident Days		365			7,092	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			3.41			4.30
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			540.06			682.35



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2019/07

RI: 396.57

NM: 524.29

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

MCP 80th Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	96.591	231.684	328.275	96.591	329.376	425.966
2.Inflate Line 1 by Inflation Factor 1.02713583	99.212	237.971	337.183	99.212	338.314	437.525
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	100.260	240.486	340.746	100.260	341.889	442.149
4.Current Period Cost	97.298	234.685	331.984	97.298	324.139	421.438
5.Incentive Basis (line 3 - line 4)	2.962	5.800		2.962	17.750	
6.Allowed Current Period Costs (Min of line 3 or 4)	97.298	234.685	331.984	97.298	324.139	421.438
7.Incentive Line 5 x Oper 50% Res 50%	1.481	2.900	4.381	1.481	8.875	10.356
8.Incentive - Line 4 x Oper 10% Res 3%	9.730	7.041	16.770	9.730	9.724	19.454
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.481	2.900	4.381	1.481	8.875	10.356
10.Final Incentive	1.481	2.900	4.381	1.481	8.875	10.356
11.Current Period Base: (line 6 + line 10)	98.779	237.586	336.365	98.779	333.014	431.793
12.Plus: Property Rate Component			37.055			37.055
13.Plus: ROE/Use Rate			2.666			2.666
14.Total Current Period Base			376.086			471.515
15.Prospective Rate: Line 11 x Inflation 1.06091167	104.796	252.057	356.853	104.796	353.299	458.095
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	104.796	252.057	356.853	104.796	353.299	458.095
19.Property Rate Component			37.055			37.055
20.ROE Component + ROE Interim Component			2.666			2.666
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			396.57			497.82
23.Medicaid Days		0			8,760	
24.Resident Days		0			8,760	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			3.31
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			396.57			524.29



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028045301 - 2019/07

RI: 430.84

NM: 661.49

MCP Braddock

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	97.392	254.704	352.096	97.392	357.402	454.795
2.Inflate Line 1 by Inflation Factor 1.02713583	100.035	261.615	361.651	100.035	367.101	467.136
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	101.092	264.380	365.472	101.092	370.980	472.072
4.Current Period Cost	107.076	265.853	372.928	107.076	370.418	477.494
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.562	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.092	264.380	365.472	101.092	370.418	471.510
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.281	0.281
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	11.113	11.113
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.281	0.281
10.Final Incentive	0.000	0.000	0.000	0.000	0.281	0.281
11.Current Period Base: (line 6 + line 10)	101.092	264.380	365.472	101.092	370.699	471.791
12.Plus: Property Rate Component			40.089			40.089
13.Plus: ROE/Use Rate			3.019			3.019
14.Total Current Period Base			408.580			514.899
15.Prospective Rate: Line 11 x Inflation 1.06091167	107.250	280.484	387.734	107.250	393.279	500.529
16.Interim Rate Component: *	0.000	0.000	0.000	0.000	90.510	90.510
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	107.250	280.484	387.734	107.250	483.789	591.039
19.Property Rate Component			40.089			40.089
20.ROE Component + ROE Interim Component *			3.019			3.019
21.Plus: Property Interim Rate Component *			0.000			0.000
22.Final Per Diem			430.84			634.15
23.Medicaid Days		0			8,610	
24.Resident Days		0			8,610	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			4.17
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			430.84			661.49

* See Attachment



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028046101 - 2019/07

RI: 424.15

NM: 560.31

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	95.719	250.959	346.678	95.719	350.350	446.069
2.Inflate Line 1 by Inflation Factor 1.02713583	98.317	257.769	356.085	98.317	359.857	458.173
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	99.356	260.493	359.848	99.356	363.660	463.015
4.Current Period Cost	101.989	270.302	372.291	101.989	378.167	480.156
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)	99.356	260.493	359.848	99.356	363.660	463.015
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	99.356	260.493	359.848	99.356	363.660	463.015
12.Plus: Property Rate Component			39.355			39.355
13.Plus: ROE/Use Rate			3.029			3.029
14.Total Current Period Base			402.233			505.399
15.Prospective Rate: Line 11 x Inflation 1.06091167	105.408	276.360	381.767	105.408	385.811	491.218
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	105.408	276.360	381.767	105.408	385.811	491.218
19.Property Rate Component			39.355			39.355
20.ROE Component + ROE Interim Component			3.029			3.029
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			424.15			533.60
23.Medicaid Days			0			8,629
24.Resident Days			0			8,629
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			3.53
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			424.15			560.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028048801 - 2019/07

RI: 408.75

NM: 549.61

MCP Sunset

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.925	238.681	333.606	94.925	342.406	437.331
2.Inflate Line 1 by Inflation Factor 1.02713583	97.501	245.157	342.659	97.501	351.697	449.199
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	98.532	247.748	346.280	98.532	355.414	453.946
4.Current Period Cost	109.991	261.768	371.759	109.991	365.587	475.578
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.532	247.748	346.280	98.532	355.414	453.946
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)	98.532	247.748	346.280	98.532	355.414	453.946
12.Plus: Property Rate Component			38.268			38.268
13.Plus: ROE/Use Rate			3.113			3.113
14.Total Current Period Base			387.661			495.327
15.Prospective Rate: Line 11 x Inflation 1.06091167	104.533	262.839	367.372	104.533	377.063	481.596
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	104.533	262.839	367.372	104.533	377.063	481.596
19.Property Rate Component			38.268			38.268
20.ROE Component + ROE Interim Component			3.113			3.113
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			408.75			522.98
23.Medicaid Days			0			8,516
24.Resident Days			0			8,516
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			3.47
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			408.75			549.61



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2019/07

RI: 371.10

NM: 504.93

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Dorchester Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	71.846	233.611	305.457	71.846	353.296	425.143
2.Inflate Line 1 by Inflation Factor 1.02713583	73.796	239.950	313.746	73.796	362.883	436.679
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	74.576	242.485	317.061	74.576	366.718	441.294
4.Current Period Cost	64.443	240.244	304.687	64.443	370.291	434.734
5.Incentive Basis (line 3 - line 4)	10.133	2.241		10.133	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.443	240.244	304.687	64.443	366.718	431.161
7.Incentive Line 5 x Oper 50% Res 50%	5.066	1.121	6.187	5.066	0.000	5.066
8.Incentive - Line 4 x Oper 10% Res 3%	6.444	7.207	13.652	6.444	0.000	6.444
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.066	1.121	6.187	5.066	0.000	5.066
10.Final Incentive	5.066	1.121	6.187	5.066	0.000	5.066
11.Current Period Base: (line 6 + line 10)	69.509	241.365	310.874	69.509	366.718	436.227
12.Plus: Property Rate Component			13.917			13.917
13.Plus: ROE/Use Rate			1.863			1.863
14.Total Current Period Base			326.654			452.007
15.Prospective Rate: Line 11 x Inflation 1.06091167	73.743	256.067	329.810	73.743	389.055	462.799
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	73.743	256.067	329.810	73.743	389.055	462.799
19.Property Rate Component			13.917			13.917
20.ROE Component + ROE Interim Component			1.863			1.863
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			345.59			478.58
23.Medicaid Days		2,880			5,285	
24.Resident Days		2,880			5,285	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.34			3.19
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			371.10			504.93



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028059300 - 2019/07

RI: 260.36

NM: 0.00

146th Place Grp Home #10 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.943	166.633	207.576	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	42.054	171.155	213.209	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	42.498	172.964	215.462	0.000	0.000	0.000
4.Current Period Cost	36.209	166.930	203.138	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	6.290	6.034		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.209	166.930	203.138	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.145	3.017	6.162	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.621	5.008	8.629	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.145	3.017	6.162	0.000	0.000	0.000
10.Final Incentive	3.145	3.017	6.162	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	39.354	169.947	209.300	0.000	0.000	0.000
12.Plus: Property Rate Component			12.448			0.000
13.Plus: ROE/Use Rate			1.054			0.000
14.Total Current Period Base			222.803			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	41.751	180.298	222.049	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	41.751	180.298	222.049	0.000	0.000	0.000
19.Property Rate Component			12.448			0.000
20.ROE Component + ROE Interim Component			1.054			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.55			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.64			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			260.36			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028062300 - 2019/07

RI: 263.84

NM: 308.78

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

119th Street Grp Home #11 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.657	168.377	209.034	40.657	209.725	250.382
2.Inflate Line 1 by Inflation Factor 1.02713583	41.761	172.946	214.706	41.761	215.416	257.177
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	42.202	174.773	216.975	42.202	217.692	259.894
4.Current Period Cost	37.775	166.545	204.319	37.775	207.812	245.587
5.Incentive Basis (line 3 - line 4)	4.427	8.229		4.427	9.880	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.775	166.545	204.319	37.775	207.812	245.587
7.Incentive Line 5 x Oper 50% Res 50%	2.214	4.114	6.328	2.214	4.940	7.154
8.Incentive - Line 4 x Oper 10% Res 3%	3.777	4.996	8.774	3.777	6.234	10.012
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.214	4.114	6.328	2.214	4.940	7.154
10.Final Incentive	2.214	4.114	6.328	2.214	4.940	7.154
11.Current Period Base: (line 6 + line 10)	39.988	170.659	210.647	39.988	212.752	252.741
12.Plus: Property Rate Component			14.708			14.708
13.Plus: ROE/Use Rate			0.816			0.816
14.Total Current Period Base			226.172			268.265
15.Prospective Rate: Line 11 x Inflation 1.06091167	42.424	181.054	223.478	42.424	225.711	268.135
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	42.424	181.054	223.478	42.424	225.711	268.135
19.Property Rate Component			14.708			14.708
20.ROE Component + ROE Interim Component			0.816			0.816
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			239.00			283.66
23.Medicaid Days		1,405			730	
24.Resident Days		1,405			730	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.66			1.95
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			263.84			308.78



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028065800 - 2019/07

RI: 263.32

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.004	165.027	211.031	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	47.253	169.505	216.758	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	47.752	171.297	219.048	0.000	0.000	0.000
4.Current Period Cost	39.279	165.734	205.012	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	8.473	5.563		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.279	165.734	205.012	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.237	2.781	7.018	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.928	4.972	8.900	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.928	2.781	6.709	0.000	0.000	0.000
10.Final Incentive	3.928	2.781	6.709	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.206	168.515	211.721	0.000	0.000	0.000
12.Plus: Property Rate Component			13.257			0.000
13.Plus: ROE/Use Rate			0.617			0.000
14.Total Current Period Base			225.595			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	45.838	178.780	224.618	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	45.838	178.780	224.618	0.000	0.000	0.000
19.Property Rate Component			13.257			0.000
20.ROE Component + ROE Interim Component			0.617			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			238.49			0.00
23.Medicaid Days		2,147			0	
24.Resident Days		2,147			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.66			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			263.32			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028427100 - 2019/07

RI: 283.69

NM: 366.20

Fern Park Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2017	2/28/2018	Unaudited Costs	201807
Prior Cost Report	3/1/2016	2/28/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	63.482	149.793	213.275	63.482	227.771	291.253
2.Inflate Line 1 by Inflation Factor 1.02702134	65.197	153.841	219.038	65.197	233.926	299.123
3.Line 1 X 1.4000 X Inflation Factor 1.03782988	65.883	155.460	221.343	65.883	236.388	302.271
4.Current Period Cost	73.074	148.595	221.668	73.074	221.957	295.030
5.Incentive Basis (line 3 - line 4)	0.000	6.866		0.000	14.431	
6.Allowed Current Period Costs (Min of line 3 or 4)	65.883	148.595	214.477	65.883	221.957	287.840
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.433	3.433	0.000	7.216	7.216
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.458	4.458	0.000	6.659	6.659
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.433	3.433	0.000	6.659	6.659
10.Final Incentive	0.000	3.433	3.433	0.000	6.659	6.659
11.Current Period Base: (line 6 + line 10)	65.883	152.027	217.910	65.883	228.615	294.498
12.Plus: Property Rate Component			25.234			25.234
13.Plus: ROE/Use Rate			0.205			0.205
14.Total Current Period Base			243.349			319.937
15.Prospective Rate: Line 11 x Inflation 1.07056699	70.532	162.755	233.288	70.532	244.748	315.280
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	70.532	162.755	233.288	70.532	244.748	315.280
19.Property Rate Component			25.234			25.234
20.ROE Component + ROE Interim Component			0.205			0.205
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			258.73			340.72
23.Medicaid Days		4,015			18,416	
24.Resident Days		4,015			18,416	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.79			2.31
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			283.69			366.20



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028500500 - 2019/07

RI: 239.01

NM: 0.00

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Ineligible from 09/07/2018 - 10/24/2018 Days Eligible: 317 of 365

Eligibility Factor : 86.85%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	35.367	151.180	186.548	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	36.327	155.283	191.610	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	36.711	156.924	193.634	0.000	0.000	0.000
4.Current Period Cost	32.961	169.093	202.054	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.750	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	32.961	156.924	189.884	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.875	0.000	1.875	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.296	0.000	3.296	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 86.85%	1.628	0.000	1.628	0.000	0.000	0.000
10.Final Incentive	1.628	0.000	1.628	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	34.589	156.924	191.513	0.000	0.000	0.000
12.Plus: Property Rate Component			9.914			0.000
13.Plus: ROE/Use Rate			1.242			0.000
14.Total Current Period Base			202.669			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	36.696	166.482	203.178	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	36.696	166.482	203.178	0.000	0.000	0.000
19.Property Rate Component			9.914			0.000
20.ROE Component + ROE Interim Component			1.242			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			214.33			0.00
23.Medicaid Days		4,216			0	
24.Resident Days		4,216			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.51			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			239.01			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028505600 - 2019/07

RI: 353.03

NM: 535.96

PARC Cottage

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	67.682	214.622	282.304	67.682	376.611	444.293
2.Inflate Line 1 by Inflation Factor 1.02612613	69.450	220.229	289.679	69.450	386.450	455.900
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	70.157	222.472	292.629	70.157	390.386	460.543
4.Current Period Cost	73.617	243.435	317.052	73.617	424.930	498.547
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)	70.157	222.472	292.629	70.157	390.386	460.543
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)	70.157	222.472	292.629	70.157	390.386	460.543
12.Plus: Property Rate Component			9.814			9.814
13.Plus: ROE/Use Rate			1.030			1.030
14.Total Current Period Base			303.473			471.387
15.Prospective Rate: Line 11 x Inflation 1.08255670	75.949	240.839	316.788	75.949	422.615	498.564
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	75.949	240.839	316.788	75.949	422.615	498.564
19.Property Rate Component			9.814			9.814
20.ROE Component + ROE Interim Component			1.030			1.030
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.63			509.41
23.Medicaid Days			3,285			2,555
24.Resident Days			3,285			2,555
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.23			3.38
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			353.03			535.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028512900 - 2019/07

RI: 299.16

NM: 0.00

MACtown, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	10/1/2013	9/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	36.209	192.354	228.563	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.01907123	36.900	196.022	232.922	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02669972	37.176	197.489	234.665	0.000	0.000	0.000
4.Current Period Cost	41.412	191.353	232.765	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	6.136		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.176	191.353	228.529	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.068	3.068	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.741	5.741	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.068	3.068	0.000	0.000	0.000
10.Final Incentive	0.000	3.068	3.068	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	37.176	194.421	231.597	0.000	0.000	0.000
12.Plus: Property Rate Component			11.063			0.000
13.Plus: ROE/Use Rate			0.571			0.000
14.Total Current Period Base			243.232			0.000
15.Prospective Rate: Line 11 x Inflation 1.13330979	42.132	220.339	262.471	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	42.132	220.339	262.471	0.000	0.000	0.000
19.Property Rate Component			11.063			0.000
20.ROE Component + ROE Interim Component			0.571			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			274.11			0.00
23.Medicaid Days		20,276			0	
24.Resident Days		20,276			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.89			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			299.16			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028513700 - 2019/07

RI: 314.93

NM: 385.01

New Horizons of NW Florida, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.999	167.725	256.724	88.999	230.751	319.751
2.Inflate Line 1 by Inflation Factor 1.02612613	91.324	172.107	263.431	91.324	236.780	328.104
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	92.254	173.859	266.114	92.254	239.191	331.446
4.Current Period Cost	104.422	163.938	268.359	104.422	227.166	331.588
5.Incentive Basis (line 3 - line 4)	0.000	9.922		0.000	12.025	
6.Allowed Current Period Costs (Min of line 3 or 4)	92.254	163.938	256.192	92.254	227.166	319.421
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.961	4.961	0.000	6.013	6.013
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.918	4.918	0.000	6.815	6.815
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.918	4.918	0.000	6.013	6.013
10.Final Incentive	0.000	4.918	4.918	0.000	6.013	6.013
11.Current Period Base: (line 6 + line 10)	92.254	168.856	261.110	92.254	233.179	325.433
12.Plus: Property Rate Component			5.469			5.469
13.Plus: ROE/Use Rate			1.640			1.640
14.Total Current Period Base			268.219			332.542
15.Prospective Rate: Line 11 x Inflation 1.08255670	99.871	182.796	282.666	99.871	252.429	352.300
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	99.871	182.796	282.666	99.871	252.429	352.300
19.Property Rate Component			5.469			5.469
20.ROE Component + ROE Interim Component			1.640			1.640
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			289.78			359.41
23.Medicaid Days			3,163			7,787
24.Resident Days			3,163			7,787
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.99			2.43
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			314.93			385.01



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028519600 - 2019/07

RI: 377.65

NM: 0.00

BARC Housing, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	94.185	213.685	307.870	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02712887	96.741	219.482	316.222	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	97.763	221.800	319.563	0.000	0.000	0.000
4.Current Period Cost	99.606	220.366	319.972	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	1.434		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	97.763	220.366	318.129	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.717	0.717	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	6.611	6.611	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.717	0.717	0.000	0.000	0.000
10.Final Incentive	0.000	0.717	0.717	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	97.763	221.083	318.846	0.000	0.000	0.000
12.Plus: Property Rate Component			15.385			0.000
13.Plus: ROE/Use Rate			0.663			0.000
14.Total Current Period Base			334.894			0.000
15.Prospective Rate: Line 11 x Inflation 1.05396385	103.038	233.014	336.052	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	103.038	233.014	336.052	0.000	0.000	0.000
19.Property Rate Component			15.385			0.000
20.ROE Component + ROE Interim Component			0.663			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			352.10			0.00
23.Medicaid Days		13,016			0	
24.Resident Days		13,016			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			2.38			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			377.65			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028520000 - 2019/07

RI: 265.51

NM: 361.03

Pensacola Care, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.199	147.149	207.348	60.199	233.908	294.107
2.Inflate Line 1 by Inflation Factor 1.02712887	61.832	151.141	212.973	61.832	240.254	302.086
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	62.485	152.737	215.223	62.485	242.792	305.278
4.Current Period Cost	61.558	153.556	215.114	61.558	243.892	305.450
5.Incentive Basis (line 3 - line 4)	0.928	0.000		0.928	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	61.558	152.737	214.295	61.558	242.792	304.350
7.Incentive Line 5 x Oper 50% Res 50%	0.464	0.000	0.464	0.464	0.000	0.464
8.Incentive - Line 4 x Oper 10% Res 3%	6.156	0.000	6.156	6.156	0.000	6.156
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.464	0.000	0.464	0.464	0.000	0.464
10.Final Incentive	0.464	0.000	0.464	0.464	0.000	0.464
11.Current Period Base: (line 6 + line 10)	62.022	152.737	214.759	62.022	242.792	304.814
12.Plus: Property Rate Component			14.314			14.314
13.Plus: ROE/Use Rate			0.002			0.002
14.Total Current Period Base			229.075			319.130
15.Prospective Rate: Line 11 x Inflation 1.05396385	65.369	160.980	226.348	65.369	255.894	321.263
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	65.369	160.980	226.348	65.369	255.894	321.263
19.Property Rate Component			14.314			14.314
20.ROE Component + ROE Interim Component			0.002			0.002
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			240.66			335.58
23.Medicaid Days		10,879			12,044	
24.Resident Days		10,879			12,044	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.67			2.28
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			265.51			361.03



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028521800 - 2019/07

RI: 314.62

NM: 408.95

Ann Storck Center, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.349	187.550	256.898	69.349	274.653	344.001
2.Inflate Line 1 by Inflation Factor 1.02712887	71.230	192.638	263.867	71.230	282.104	353.333
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	71.982	194.673	266.655	71.982	285.084	357.066
4.Current Period Cost	65.004	193.594	258.599	65.004	281.066	346.071
5.Incentive Basis (line 3 - line 4)	6.978	1.078		6.978	4.018	
6.Allowed Current Period Costs (Min of line 3 or 4)	65.004	193.594	258.599	65.004	281.066	346.071
7.Incentive Line 5 x Oper 50% Res 50%	3.489	0.539	4.028	3.489	2.009	5.498
8.Incentive - Line 4 x Oper 10% Res 3%	6.500	5.808	12.308	6.500	8.432	14.932
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.489	0.539	4.028	3.489	2.009	5.498
10.Final Incentive	3.489	0.539	4.028	3.489	2.009	5.498
11.Current Period Base: (line 6 + line 10)	68.493	194.134	262.627	68.493	283.075	351.568
12.Plus: Property Rate Component			12.664			12.664
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			275.291			364.232
15.Prospective Rate: Line 11 x Inflation 1.05396385	72.190	204.610	276.799	72.190	298.351	370.540
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	72.190	204.610	276.799	72.190	298.351	370.540
19.Property Rate Component			12.664			12.664
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			289.46			383.20
23.Medicaid Days			821			15,491
24.Resident Days			821			15,491
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.98			2.58
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			314.62			408.95



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028522600 - 2019/07

RI: 290.75

NM: 390.73

Tallahassee Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	60.729	156.920	217.650	60.729	243.715	304.444
2.Inflate Line 1 by Inflation Factor 1.05396377	64.006	165.388	229.395	64.006	256.867	320.873
3.Line 1 X 1.4000 X Inflation Factor 1.07554928	65.317	168.776	234.093	65.317	262.127	327.445
4.Current Period Cost	64.751	162.379	227.131	64.751	257.567	322.318
5.Incentive Basis (line 3 - line 4)	0.566	6.396		0.566	4.560	
6.Allowed Current Period Costs (Min of line 3 or 4)	64.751	162.379	227.131	64.751	257.567	322.318
7.Incentive Line 5 x Oper 50% Res 50%	0.283	3.198	3.481	0.283	2.280	2.563
8.Incentive - Line 4 x Oper 10% Res 3%	6.475	4.871	11.347	6.475	7.727	14.202
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.283	3.198	3.481	0.283	2.280	2.563
10.Final Incentive	0.283	3.198	3.481	0.283	2.280	2.563
11.Current Period Base: (line 6 + line 10)	65.034	165.577	230.612	65.034	259.847	324.882
12.Plus: Property Rate Component			20.487			20.487
13.Plus: ROE/Use Rate			2.199			2.199
14.Total Current Period Base			253.297			347.567
15.Prospective Rate: Line 11 x Inflation 1.05396385	68.544	174.513	243.056	68.544	273.870	342.413
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	68.544	174.513	243.056	68.544	273.870	342.413
19.Property Rate Component			20.487			20.487
20.ROE Component + ROE Interim Component			2.199			2.199
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			265.74			365.10
23.Medicaid Days			7,940			14,027
24.Resident Days			7,940			14,027
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.83			2.46
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			290.75			390.73



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028524200 - 2019/07

RI: 269.72

NM: 377.22

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Ft. Walton Beach Developmental Ctr.

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	56.272	153.023	209.295	56.272	251.045	307.318
2.Inflate Line 1 by Inflation Factor 1.04976182	59.073	160.638	219.710	59.073	263.538	322.610
3.Line 1 X 1.4000 X Inflation Factor 1.06966655	60.193	163.684	223.876	60.193	268.535	328.727
4.Current Period Cost	59.154	150.048	209.202	59.154	245.855	305.009
5.Incentive Basis (line 3 - line 4)	1.039	13.636		1.039	22.680	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.154	150.048	209.202	59.154	245.855	305.009
7.Incentive Line 5 x Oper 50% Res 50%	0.519	6.818	7.337	0.519	11.340	11.859
8.Incentive - Line 4 x Oper 10% Res 3%	5.915	4.501	10.417	5.915	7.376	13.291
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.519	4.501	5.021	0.519	7.376	7.895
10.Final Incentive	0.519	4.501	5.021	0.519	7.376	7.895
11.Current Period Base: (line 6 + line 10)	59.673	154.549	214.223	59.673	253.230	312.904
12.Plus: Property Rate Component			10.585			10.585
13.Plus: ROE/Use Rate			2.354			2.354
14.Total Current Period Base			227.162			325.843
15.Prospective Rate: Line 11 x Inflation 1.08255670	64.600	167.309	231.908	64.600	274.136	338.736
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	64.600	167.309	231.908	64.600	274.136	338.736
19.Property Rate Component			10.585			10.585
20.ROE Component + ROE Interim Component			2.354			2.354
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			244.85			351.68
23.Medicaid Days		12,230			9,614	
24.Resident Days		12,230			9,614	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.70			2.38
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			269.72			377.22



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028526900 - 2019/07

RI: 276.05

NM: 367.77

Panama City Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	64.915	150.010	214.925	64.915	233.314	298.230
2.Inflate Line 1 by Inflation Factor 1.02712887	66.676	154.080	220.756	66.676	239.644	306.320
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	67.381	155.708	223.088	67.381	242.176	309.556
4.Current Period Cost	69.161	156.828	225.989	69.161	243.183	312.343
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)	67.381	155.708	223.088	67.381	242.176	309.556
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	67.381	155.708	223.088	67.381	242.176	309.556
12.Plus: Property Rate Component			14.868			14.868
13.Plus: ROE/Use Rate			1.147			1.147
14.Total Current Period Base			239.103			325.571
15.Prospective Rate: Line 11 x Inflation 1.05396385	71.017	164.110	235.127	71.017	255.245	326.261
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	71.017	164.110	235.127	71.017	255.245	326.261
19.Property Rate Component			14.868			14.868
20.ROE Component + ROE Interim Component			1.147			1.147
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			251.14			342.28
23.Medicaid Days		5,417			15,802	
24.Resident Days		5,417			15,802	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.74			2.32
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			276.05			367.77



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028530700 - 2019/07

RI: 249.76

NM: 333.67

Hillsborough County Developmental Ctr

Ownership:Private

Incentive Rating: Ineligible from 04/05/2019 - 04/30/2019 Days Eligible: 339 of 365

Eligibility Factor : 92.88%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	58.434	140.572	199.006	58.434	216.788	275.222
2.Inflate Line 1 by Inflation Factor 1.02712887	60.019	144.386	204.404	60.019	222.670	282.688
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	60.653	145.911	206.564	60.653	225.022	285.675
4.Current Period Cost	71.259	147.358	218.617	71.259	228.940	300.199
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)	60.653	145.911	206.564	60.653	225.022	285.675
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 92.88%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	60.653	145.911	206.564	60.653	225.022	285.675
12.Plus: Property Rate Component			6.152			6.152
13.Plus: ROE/Use Rate			1.150			1.150
14.Total Current Period Base			213.866			292.977
15.Prospective Rate: Line 11 x Inflation 1.05396385	63.926	153.785	217.711	63.926	237.165	301.091
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	63.926	153.785	217.711	63.926	237.165	301.091
19.Property Rate Component			6.152			6.152
20.ROE Component + ROE Interim Component			1.150			1.150
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			225.01			308.39
23.Medicaid Days			5,417			16,091
24.Resident Days			5,417			16,091
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.58			2.10
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			249.76			333.67



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2019/07

RI: 406.27

NM: 490.15

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	114.739	215.164	329.903	114.738	290.857	405.595
2.Inflate Line 1 by Inflation Factor 1.02713583	117.852	221.003	338.855	117.852	298.749	416.601
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	119.097	223.339	342.436	119.097	301.906	421.004
4.Current Period Cost	136.126	232.958	369.085	136.126	346.775	482.902
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)	119.097	223.339	342.436	119.097	301.906	421.004
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)	119.097	223.339	342.436	119.097	301.906	421.004
12.Plus: Property Rate Component			17.245			17.245
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.681			438.248
15.Prospective Rate: Line 11 x Inflation 1.06091167	126.352	236.942	363.294	126.352	320.296	446.648
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	126.352	236.942	363.294	126.352	320.296	446.648
19.Property Rate Component			17.245			17.245
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			380.54			463.89
23.Medicaid Days			3,397			4,298
24.Resident Days			3,397			4,298
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.56			3.09
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			406.27			490.15



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028533100 - 2019/07

RI: 354.17

NM: 446.31

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	87.030	185.599	272.629	87.030	269.141	356.171
2.Inflate Line 1 by Inflation Factor 1.02713583	89.392	190.635	280.027	89.392	276.444	365.835
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	90.336	192.650	282.986	90.336	279.365	369.701
4.Current Period Cost	86.743	189.345	276.088	86.743	275.238	361.980
5.Incentive Basis (line 3 - line 4)	3.594	3.304		3.594	4.128	
6.Allowed Current Period Costs (Min of line 3 or 4)	86.743	189.345	276.088	86.743	275.238	361.980
7.Incentive Line 5 x Oper 50% Res 50%	1.797	1.652	3.449	1.797	2.064	3.861
8.Incentive - Line 4 x Oper 10% Res 3%	8.674	5.680	14.355	8.674	8.257	16.931
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.797	1.652	3.449	1.797	2.064	3.861
10.Final Incentive	1.797	1.652	3.449	1.797	2.064	3.861
11.Current Period Base: (line 6 + line 10)	88.539	190.997	279.537	88.539	277.301	365.841
12.Plus: Property Rate Component			29.749			29.749
13.Plus: ROE/Use Rate			2.451			2.451
14.Total Current Period Base			311.737			398.041
15.Prospective Rate: Line 11 x Inflation 1.06091167	93.933	202.631	296.564	93.933	294.192	388.125
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	93.933	202.631	296.564	93.933	294.192	388.125
19.Property Rate Component			29.749			29.749
20.ROE Component + ROE Interim Component			2.451			2.451
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			328.76			420.32
23.Medicaid Days			2,289			5,882
24.Resident Days			2,289			5,882
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.23			2.82
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.17			446.31



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028536600 - 2019/07

RI: 259.66

NM: 292.72

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	46.723	167.804	214.527	46.723	196.482	243.205
2.Inflate Line 1 by Inflation Factor 1.02713583	47.991	172.357	220.348	47.991	201.814	249.805
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	48.498	174.179	222.677	48.498	203.946	252.444
4.Current Period Cost	41.231	162.810	204.041	41.231	193.368	234.599
5.Incentive Basis (line 3 - line 4)	7.267	11.368		7.267	10.578	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.231	162.810	204.041	41.231	193.368	234.599
7.Incentive Line 5 x Oper 50% Res 50%	3.634	5.684	9.318	3.634	5.289	8.923
8.Incentive - Line 4 x Oper 10% Res 3%	4.123	4.884	9.007	4.123	5.801	9.924
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.634	4.884	8.518	3.634	5.289	8.923
10.Final Incentive	3.634	4.884	8.518	3.634	5.289	8.923
11.Current Period Base: (line 6 + line 10)	44.864	167.695	212.559	44.864	198.657	243.522
12.Plus: Property Rate Component			8.746			8.746
13.Plus: ROE/Use Rate			0.598			0.598
14.Total Current Period Base			221.903			252.866
15.Prospective Rate: Line 11 x Inflation 1.06091167	47.597	177.909	225.506	47.597	210.758	258.355
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	47.597	177.909	225.506	47.597	210.758	258.355
19.Property Rate Component			8.746			8.746
20.ROE Component + ROE Interim Component			0.598			0.598
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			234.85			267.70
23.Medicaid Days		365			1,598	
24.Resident Days		365			1,598	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.64			1.85
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			259.66			292.72



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028537400 - 2019/07

RI: 276.40

NM: 0.00

Bayview Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	51.478	172.681	224.159	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	52.875	177.367	230.242	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	53.434	179.242	232.675	0.000	0.000	0.000
4.Current Period Cost	43.241	184.539	227.780	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	10.192	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.241	179.242	222.483	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	5.096	0.000	5.096	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.324	0.000	4.324	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.324	0.000	4.324	0.000	0.000	0.000
10.Final Incentive	4.324	0.000	4.324	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	47.565	179.242	226.807	0.000	0.000	0.000
12.Plus: Property Rate Component			9.913			0.000
13.Plus: ROE/Use Rate			0.949			0.000
14.Total Current Period Base			237.669			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	50.462	190.159	240.622	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	50.462	190.159	240.622	0.000	0.000	0.000
19.Property Rate Component			9.913			0.000
20.ROE Component + ROE Interim Component			0.949			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			251.48			0.00
23.Medicaid Days		1,825			0	
24.Resident Days		1,825			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.74			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			276.40			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2019/07

RI: 437.39

NM: 534.18

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Hendricks

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2017	5/31/2018	Unaudited Costs	201807
Prior Cost Report	6/1/2016	5/31/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	129.959	192.351	322.310	129.959	279.493	409.452
2.Inflate Line 1 by Inflation Factor 1.02717822	133.491	197.579	331.070	133.491	287.089	420.580
3.Line 1 X 1.4000 X Inflation Factor 1.03804951	134.904	199.670	334.574	134.904	290.128	425.032
4.Current Period Cost	116.974	206.378	323.353	116.974	307.277	424.252
5.Incentive Basis (line 3 - line 4)	17.930	0.000		17.930	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.974	199.670	316.644	116.974	290.128	407.102
7.Incentive Line 5 x Oper 50% Res 50%	8.965	0.000	8.965	8.965	0.000	8.965
8.Incentive - Line 4 x Oper 10% Res 3%	11.697	0.000	11.697	11.697	0.000	11.697
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.965	0.000	8.965	8.965	0.000	8.965
10.Final Incentive	8.965	0.000	8.965	8.965	0.000	8.965
11.Current Period Base: (line 6 + line 10)	125.939	199.670	325.609	125.939	290.128	416.067
12.Plus: Property Rate Component			62.143			62.143
13.Plus: ROE/Use Rate			3.104			3.104
14.Total Current Period Base			390.856			481.314
15.Prospective Rate: Line 11 x Inflation 1.06326657	133.907	212.303	346.209	133.907	308.483	442.390
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	133.907	212.303	346.209	133.907	308.483	442.390
19.Property Rate Component			62.143			62.143
20.ROE Component + ROE Interim Component			3.104			3.104
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			411.46			507.64
23.Medicaid Days		1,825			6,870	
24.Resident Days		1,825			6,870	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.76			3.37
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			437.39			534.18



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028541200 - 2019/07

RI: 260.37

NM: 294.43

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.636	173.134	221.770	48.636	205.121	253.757
2.Inflate Line 1 by Inflation Factor 1.02713583	49.956	177.832	227.788	49.956	210.687	260.643
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	50.484	179.711	230.195	50.484	212.913	263.397
4.Current Period Cost	37.095	161.907	199.003	37.095	192.883	229.978
5.Incentive Basis (line 3 - line 4)	13.389	17.804		13.389	20.031	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.095	161.907	199.003	37.095	192.883	229.978
7.Incentive Line 5 x Oper 50% Res 50%	6.694	8.902	15.596	6.694	10.015	16.710
8.Incentive - Line 4 x Oper 10% Res 3%	3.710	4.857	8.567	3.710	5.786	9.496
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.710	4.857	8.567	3.710	5.786	9.496
10.Final Incentive	3.710	4.857	8.567	3.710	5.786	9.496
11.Current Period Base: (line 6 + line 10)	40.805	166.765	207.569	40.805	198.669	239.474
12.Plus: Property Rate Component			14.606			14.606
13.Plus: ROE/Use Rate			0.739			0.739
14.Total Current Period Base			222.915			254.820
15.Prospective Rate: Line 11 x Inflation 1.06091167	43.290	176.922	220.213	43.290	210.770	254.061
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	43.290	176.922	220.213	43.290	210.770	254.061
19.Property Rate Component			14.606			14.606
20.ROE Component + ROE Interim Component			0.739			0.739
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.56			269.41
23.Medicaid Days			1,095			1,095
24.Resident Days			1,095			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.64			1.86
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			260.37			294.43



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028547100 - 2019/07

RI: 236.30

NM: 0.00

62nd Place Grp Home #17 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.581	142.779	181.360	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	39.628	146.654	186.281	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	40.046	148.204	188.250	0.000	0.000	0.000
4.Current Period Cost	45.220	206.153	251.373	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.046	148.204	188.250	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	40.046	148.204	188.250	0.000	0.000	0.000
12.Plus: Property Rate Component			11.054			0.000
13.Plus: ROE/Use Rate			0.873			0.000
14.Total Current Period Base			200.177			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	42.486	157.231	199.717	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	42.486	157.231	199.717	0.000	0.000	0.000
19.Property Rate Component			11.054			0.000
20.ROE Component + ROE Interim Component			0.873			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			211.64			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.49			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			236.30			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2019/07

RI: 245.43

NM: 286.29

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.965	157.866	200.832	42.965	198.962	241.927
2.Inflate Line 1 by Inflation Factor 1.02713583	44.131	162.150	206.281	44.131	204.361	248.492
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	44.597	163.864	208.461	44.597	206.520	251.118
4.Current Period Cost	37.982	144.684	182.665	37.982	181.843	219.825
5.Incentive Basis (line 3 - line 4)	6.616	19.180		6.616	24.678	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.982	144.684	182.665	37.982	181.843	219.825
7.Incentive Line 5 x Oper 50% Res 50%	3.308	9.590	12.898	3.308	12.339	15.647
8.Incentive - Line 4 x Oper 10% Res 3%	3.798	4.341	8.139	3.798	5.455	9.253
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.308	4.341	7.648	3.308	5.455	8.763
10.Final Incentive	3.308	4.341	7.648	3.308	5.455	8.763
11.Current Period Base: (line 6 + line 10)	41.289	149.024	190.313	41.289	187.298	228.588
12.Plus: Property Rate Component			17.858			17.858
13.Plus: ROE/Use Rate			0.946			0.946
14.Total Current Period Base			209.118			247.392
15.Prospective Rate: Line 11 x Inflation 1.06091167	43.804	158.101	201.906	43.804	198.707	242.511
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	43.804	158.101	201.906	43.804	198.707	242.511
19.Property Rate Component			17.858			17.858
20.ROE Component + ROE Interim Component			0.946			0.946
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			220.71			261.32
23.Medicaid Days			1,027			1,095
24.Resident Days			1,027			1,095
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.55			1.81
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			245.43			286.29



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028552800 - 2019/07

RI: 249.26

NM: 291.66

26th Terrace Grp Home #12 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.399	145.628	194.026	48.399	183.893	232.292
2.Inflate Line 1 by Inflation Factor 1.02713583	49.712	149.579	199.291	49.712	188.883	238.595
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	50.237	151.160	201.397	50.237	190.879	241.116
4.Current Period Cost	45.127	162.448	207.575	45.127	207.299	252.426
5.Incentive Basis (line 3 - line 4)	5.110	0.000		5.110	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	45.127	151.160	196.287	45.127	190.879	236.006
7.Incentive Line 5 x Oper 50% Res 50%	2.555	0.000	2.555	2.555	0.000	2.555
8.Incentive - Line 4 x Oper 10% Res 3%	4.513	0.000	4.513	4.513	0.000	4.513
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.555	0.000	2.555	2.555	0.000	2.555
10.Final Incentive	2.555	0.000	2.555	2.555	0.000	2.555
11.Current Period Base: (line 6 + line 10)	47.682	151.160	198.842	47.682	190.879	238.561
12.Plus: Property Rate Component			12.268			12.268
13.Plus: ROE/Use Rate			1.291			1.291
14.Total Current Period Base			212.402			252.121
15.Prospective Rate: Line 11 x Inflation 1.06091167	50.587	160.368	210.954	50.587	202.506	253.092
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	50.587	160.368	210.954	50.587	202.506	253.092
19.Property Rate Component			12.268			12.268
20.ROE Component + ROE Interim Component			1.291			1.291
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			224.51			266.65
23.Medicaid Days			1,695			365
24.Resident Days			1,695			365
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.57			1.84
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			249.26			291.66



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028553600 - 2019/07

RI: 280.89

NM: 0.00

Country Meadows Grp Home #13 (Sunrise)

Ownership:Private

Incentive Rating: Ineligible from 06/19/2018 - 07/19/2018 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	48.414	192.297	240.711	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	49.727	197.515	247.242	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	50.253	199.602	249.855	0.000	0.000	0.000
4.Current Period Cost	42.809	178.347	221.156	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	7.444	21.256		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.809	178.347	221.156	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.722	10.628	14.350	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.281	5.350	9.631	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	3.406	4.896	8.302	0.000	0.000	0.000
10.Final Incentive	3.406	4.896	8.302	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	46.215	183.243	229.458	0.000	0.000	0.000
12.Plus: Property Rate Component			11.732			0.000
13.Plus: ROE/Use Rate			0.777			0.000
14.Total Current Period Base			241.967			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	49.030	194.404	243.434	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.030	194.404	243.434	0.000	0.000	0.000
19.Property Rate Component			11.732			0.000
20.ROE Component + ROE Interim Component			0.777			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			255.94			0.00
23.Medicaid Days			2,157			0
24.Resident Days			2,157			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.77			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			280.89			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028557900 - 2019/07

RI: 240.63

NM: 0.00

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.682	151.210	189.891	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	39.731	155.313	195.044	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	40.151	156.954	197.105	0.000	0.000	0.000
4.Current Period Cost	36.178	158.851	195.028	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.973	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.178	156.954	193.132	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.987	0.000	1.987	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.618	0.000	3.618	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.987	0.000	1.987	0.000	0.000	0.000
10.Final Incentive	1.987	0.000	1.987	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.164	156.954	195.118	0.000	0.000	0.000
12.Plus: Property Rate Component			8.338			0.000
13.Plus: ROE/Use Rate			0.604			0.000
14.Total Current Period Base			204.060			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	40.489	166.514	207.003	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	40.489	166.514	207.003	0.000	0.000	0.000
19.Property Rate Component			8.338			0.000
20.ROE Component + ROE Interim Component			0.604			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			215.95			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.52			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			240.63			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028558700 - 2019/07

RI: 251.21

NM: 0.00

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.591	151.210	192.801	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	42.720	155.313	198.033	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	43.171	156.954	200.126	0.000	0.000	0.000
4.Current Period Cost	40.194	167.882	208.077	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.977	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.194	156.954	197.149	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.488	0.000	1.488	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.019	0.000	4.019	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.488	0.000	1.488	0.000	0.000	0.000
10.Final Incentive	1.488	0.000	1.488	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.683	156.954	198.637	0.000	0.000	0.000
12.Plus: Property Rate Component			14.863			0.000
13.Plus: ROE/Use Rate			0.856			0.000
14.Total Current Period Base			214.357			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	44.222	166.515	210.737	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	44.222	166.515	210.737	0.000	0.000	0.000
19.Property Rate Component			14.863			0.000
20.ROE Component + ROE Interim Component			0.856			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			226.46			0.00
23.Medicaid Days		2,166			0	
24.Resident Days		2,166			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.58			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			251.21			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028559500 - 2019/07

RI: 256.89

NM: 0.00

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.200	159.822	203.022	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	44.372	164.159	208.531	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	44.841	165.894	210.735	0.000	0.000	0.000
4.Current Period Cost	42.220	195.720	237.940	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.621	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	42.220	165.894	208.114	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.310	0.000	1.310	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.222	0.000	4.222	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.310	0.000	1.310	0.000	0.000	0.000
10.Final Incentive	1.310	0.000	1.310	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.530	165.894	209.424	0.000	0.000	0.000
12.Plus: Property Rate Component			8.868			0.000
13.Plus: ROE/Use Rate			1.056			0.000
14.Total Current Period Base			219.348			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	46.182	175.999	222.181	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	46.182	175.999	222.181	0.000	0.000	0.000
19.Property Rate Component			8.868			0.000
20.ROE Component + ROE Interim Component			1.056			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			232.10			0.00
23.Medicaid Days			2,168			0
24.Resident Days			2,168			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.62			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			256.89			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028560900 - 2019/07

RI: 261.63

NM: 0.00

55th Court Grp Home #15 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.900	165.633	208.533	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	44.064	170.127	214.191	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	44.530	171.925	216.455	0.000	0.000	0.000
4.Current Period Cost	40.074	194.117	234.190	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.456	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.074	171.925	211.999	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.228	0.000	2.228	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.007	0.000	4.007	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.228	0.000	2.228	0.000	0.000	0.000
10.Final Incentive	2.228	0.000	2.228	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	42.302	171.925	214.227	0.000	0.000	0.000
12.Plus: Property Rate Component			9.015			0.000
13.Plus: ROE/Use Rate			0.517			0.000
14.Total Current Period Base			223.759			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	44.878	182.397	227.276	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	44.878	182.397	227.276	0.000	0.000	0.000
19.Property Rate Component			9.015			0.000
20.ROE Component + ROE Interim Component			0.517			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			236.81			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.65			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			261.63			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028561700 - 2019/07

RI: 273.50

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/7/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.663	175.899	217.562	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02035616	42.511	179.479	221.990	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02849862	42.850	180.911	223.762	0.000	0.000	0.000
4.Current Period Cost	41.740	187.205	228.945	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.111	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.740	180.911	222.651	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.555	0.000	0.555	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.174	0.000	4.174	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.555	0.000	0.555	0.000	0.000	0.000
10.Final Incentive	0.555	0.000	0.555	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	42.295	180.911	223.207	0.000	0.000	0.000
12.Plus: Property Rate Component			9.747			0.000
13.Plus: ROE/Use Rate			0.751			0.000
14.Total Current Period Base			233.704			0.000
15.Prospective Rate: Line 11 x Inflation 1.06674917	45.118	192.987	238.105	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	45.118	192.987	238.105	0.000	0.000	0.000
19.Property Rate Component			9.747			0.000
20.ROE Component + ROE Interim Component			0.751			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			248.60			0.00
23.Medicaid Days			2,190			0
24.Resident Days			2,190			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.73			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			273.50			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028565000 - 2019/07

RI: 351.73

NM: 431.73

Lakeview Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2016	11/30/2017	Unaudited Costs	201807
Prior Cost Report	12/1/2015	11/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.397	203.155	282.552	79.397	274.713	354.110
2.Inflate Line 1 by Inflation Factor 1.02662895	81.512	208.565	290.076	81.512	282.028	363.540
3.Line 1 X 1.4000 X Inflation Factor 1.03728053	82.357	210.729	293.086	82.357	284.954	367.311
4.Current Period Cost	78.893	201.947	280.840	78.893	275.230	354.122
5.Incentive Basis (line 3 - line 4)	3.464	8.782		3.464	9.725	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.893	201.947	280.840	78.893	275.230	354.122
7.Incentive Line 5 x Oper 50% Res 50%	1.732	4.391	6.123	1.732	4.862	6.595
8.Incentive - Line 4 x Oper 10% Res 3%	7.889	6.058	13.948	7.889	8.257	16.146
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.732	4.391	6.123	1.732	4.862	6.595
10.Final Incentive	1.732	4.391	6.123	1.732	4.862	6.595
11.Current Period Base: (line 6 + line 10)	80.625	206.338	286.963	80.625	280.092	360.717
12.Plus: Property Rate Component			16.988			16.988
13.Plus: ROE/Use Rate			0.062			0.062
14.Total Current Period Base			304.013			377.767
15.Prospective Rate: Line 11 x Inflation 1.07782435	86.900	222.396	309.296	86.900	301.890	388.789
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	86.900	222.396	309.296	86.900	301.890	388.789
19.Property Rate Component			16.988			16.988
20.ROE Component + ROE Interim Component			0.062			0.062
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			326.35			405.84
23.Medicaid Days		12,396			10,303	
24.Resident Days		12,396			10,303	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.22			2.72
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			351.73			431.73



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028566800 - 2019/07

RI: 343.41

NM: 410.37

Washington Square

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2016	11/30/2017	Unaudited Costs	201807
Prior Cost Report	12/1/2015	11/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	80.298	191.674	271.971	80.298	252.703	333.001
2.Inflate Line 1 by Inflation Factor 1.02662895	82.436	196.778	279.214	82.436	259.432	341.868
3.Line 1 X 1.4000 X Inflation Factor 1.03728053	83.291	198.819	282.111	83.291	262.124	345.415
4.Current Period Cost	83.120	193.920	277.039	83.120	254.080	337.200
5.Incentive Basis (line 3 - line 4)	0.172	4.899		0.172	8.044	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.120	193.920	277.039	83.120	254.080	337.200
7.Incentive Line 5 x Oper 50% Res 50%	0.086	2.450	2.536	0.086	4.022	4.108
8.Incentive - Line 4 x Oper 10% Res 3%	8.312	5.818	14.130	8.312	7.622	15.934
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.086	2.450	2.536	0.086	4.022	4.108
10.Final Incentive	0.086	2.450	2.536	0.086	4.022	4.108
11.Current Period Base: (line 6 + line 10)	83.205	196.370	279.575	83.205	258.102	341.307
12.Plus: Property Rate Component			16.563			16.563
13.Plus: ROE/Use Rate			0.176			0.176
14.Total Current Period Base			296.314			358.046
15.Prospective Rate: Line 11 x Inflation 1.07782435	89.681	211.652	301.333	89.681	278.188	367.869
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	89.681	211.652	301.333	89.681	278.188	367.869
19.Property Rate Component			16.563			16.563
20.ROE Component + ROE Interim Component			0.176			0.176
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			318.07			384.61
23.Medicaid Days		2,940			19,715	
24.Resident Days		2,940			19,715	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.17			2.59
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			343.41			410.37



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028567600 - 2019/07

RI: 341.72

NM: 410.99

Howell Branch Court

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2016	11/30/2017	Unaudited Costs	201807
Prior Cost Report	12/1/2015	11/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	79.481	193.839	273.320	79.481	255.559	335.040
2.Inflate Line 1 by Inflation Factor 1.02662895	81.597	199.000	280.598	81.597	262.364	343.962
3.Line 1 X 1.4000 X Inflation Factor 1.03728053	82.444	201.065	283.509	82.444	265.086	347.530
4.Current Period Cost	78.270	193.546	271.816	78.270	257.257	335.527
5.Incentive Basis (line 3 - line 4)	4.174	7.519		4.174	7.829	
6.Allowed Current Period Costs (Min of line 3 or 4)	78.270	193.546	271.816	78.270	257.257	335.527
7.Incentive Line 5 x Oper 50% Res 50%	2.087	3.760	5.847	2.087	3.915	6.002
8.Incentive - Line 4 x Oper 10% Res 3%	7.827	5.806	13.633	7.827	7.718	15.545
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.087	3.760	5.847	2.087	3.915	6.002
10.Final Incentive	2.087	3.760	5.847	2.087	3.915	6.002
11.Current Period Base: (line 6 + line 10)	80.357	197.305	277.662	80.357	261.172	341.529
12.Plus: Property Rate Component			16.999			16.999
13.Plus: ROE/Use Rate			0.123			0.123
14.Total Current Period Base			294.784			358.650
15.Prospective Rate: Line 11 x Inflation 1.07782435	86.611	212.661	299.271	86.611	281.497	368.108
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	86.611	212.661	299.271	86.611	281.497	368.108
19.Property Rate Component			16.999			16.999
20.ROE Component + ROE Interim Component			0.123			0.123
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			316.39			385.23
23.Medicaid Days			5,011			17,603
24.Resident Days			5,011			17,603
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.16			2.59
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			341.72			410.99



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028568400 - 2019/07

RI: 279.91

NM: 0.00

157th Terrace (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	41.580	181.692	223.271	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02713583	42.708	186.622	229.330	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	43.159	188.594	231.753	0.000	0.000	0.000
4.Current Period Cost	38.895	184.328	223.223	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.265	4.266		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	38.895	184.328	223.223	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.132	2.133	4.265	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.889	5.530	9.419	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.132	2.133	4.265	0.000	0.000	0.000
10.Final Incentive	2.132	2.133	4.265	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	41.027	186.461	227.488	0.000	0.000	0.000
12.Plus: Property Rate Component			11.562			0.000
13.Plus: ROE/Use Rate			2.069			0.000
14.Total Current Period Base			241.118			0.000
15.Prospective Rate: Line 11 x Inflation 1.06091167	43.526	197.819	241.345	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	43.526	197.819	241.345	0.000	0.000	0.000
19.Property Rate Component			11.562			0.000
20.ROE Component + ROE Interim Component			2.069			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			254.97			0.00
23.Medicaid Days		2,190			0	
24.Resident Days		2,190			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.77			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			279.91			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

028569200 - 2019/07

RI: 289.49

NM: 334.10

145th Street Group Home (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2017	6/30/2018	Unaudited Costs	201807
Prior Cost Report	7/1/2016	6/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.812	186.023	239.835	53.812	229.139	282.950
2.Inflate Line 1 by Inflation Factor 1.02713583	55.272	191.071	246.343	55.272	235.356	290.628
3.Line 1 X 1.4000 X Inflation Factor 1.03799016	55.856	193.090	248.946	55.856	237.844	293.700
4.Current Period Cost	50.762	166.903	217.665	50.762	207.465	258.227
5.Incentive Basis (line 3 - line 4)	5.094	26.187		5.094	30.378	
6.Allowed Current Period Costs (Min of line 3 or 4)	50.762	166.903	217.665	50.762	207.465	258.227
7.Incentive Line 5 x Oper 50% Res 50%	2.547	13.093	15.641	2.547	15.189	17.736
8.Incentive - Line 4 x Oper 10% Res 3%	5.076	5.007	10.083	5.076	6.224	11.300
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.547	5.007	7.554	2.547	6.224	8.771
10.Final Incentive	2.547	5.007	7.554	2.547	6.224	8.771
11.Current Period Base: (line 6 + line 10)	53.309	171.910	225.219	53.309	213.689	266.998
12.Plus: Property Rate Component			23.550			23.550
13.Plus: ROE/Use Rate			2.010			2.010
14.Total Current Period Base			250.779			292.558
15.Prospective Rate: Line 11 x Inflation 1.06091167	56.556	182.382	238.938	56.556	226.706	283.261
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	56.556	182.382	238.938	56.556	226.706	283.261
19.Property Rate Component			23.550			23.550
20.ROE Component + ROE Interim Component			2.010			2.010
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			264.50			308.82
23.Medicaid Days		365			1,825	
24.Resident Days		365			1,825	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.83			2.11
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			289.49			334.10



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031256800 - 2019/07

RI: 365.25

NM: 472.23

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Field Audited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.648	224.802	328.450	103.648	289.338	392.986
2.Inflate Line 1 by Inflation Factor 1.04976182	108.806	235.989	344.795	108.806	303.735	412.541
3.Line 1 X 1.4000 X Inflation Factor 1.06966655	110.869	240.463	351.332	110.869	309.495	420.364
4.Current Period Cost	98.561	213.920	312.481	98.561	286.408	384.969
5.Incentive Basis (line 3 - line 4)	12.308	26.543		12.308	23.087	
6.Allowed Current Period Costs (Min of line 3 or 4)	98.561	213.920	312.481	98.561	286.408	384.969
7.Incentive Line 5 x Oper 50% Res 50%	6.154	13.272	19.426	6.154	11.543	17.697
8.Incentive - Line 4 x Oper 10% Res 3%	9.856	6.418	16.274	9.856	8.592	18.448
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.154	6.418	12.572	6.154	8.592	14.746
10.Final Incentive	6.154	6.418	12.572	6.154	8.592	14.746
11.Current Period Base: (line 6 + line 10)	104.715	220.337	325.053	104.715	295.000	399.715
12.Plus: Property Rate Component			12.081			12.081
13.Plus: ROE/Use Rate			1.285			1.285
14.Total Current Period Base			338.419			413.082
15.Prospective Rate: Line 11 x Inflation 1.08255670	113.360	238.528	351.888	113.360	319.354	432.714
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	113.360	238.528	351.888	113.360	319.354	432.714
19.Property Rate Component			12.081			12.081
20.ROE Component + ROE Interim Component			1.285			1.285
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			365.25			446.08
23.Medicaid Days			0			8,660
24.Resident Days			0			8,660
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			2.98
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			365.25			472.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2019/07

RI: 363.17

NM: 445.96

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Eagle Watch Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	93.260	214.640	307.900	93.260	294.717	387.977
2.Inflate Line 1 by Inflation Factor 1.02612613	95.697	220.247	315.944	95.697	302.416	398.113
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	96.671	222.490	319.162	96.671	305.496	402.167
4.Current Period Cost	83.515	201.615	285.130	83.515	275.398	358.913
5.Incentive Basis (line 3 - line 4)	13.157	20.875		13.157	30.098	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.515	201.615	285.130	83.515	275.398	358.913
7.Incentive Line 5 x Oper 50% Res 50%	6.578	10.438	17.016	6.578	15.049	21.627
8.Incentive - Line 4 x Oper 10% Res 3%	8.351	6.048	14.400	8.351	8.262	16.613
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.578	6.048	12.627	6.578	8.262	14.840
10.Final Incentive	6.578	6.048	12.627	6.578	8.262	14.840
11.Current Period Base: (line 6 + line 10)	90.093	207.663	297.756	90.093	283.660	373.753
12.Plus: Property Rate Component			14.452			14.452
13.Plus: ROE/Use Rate			0.917			0.917
14.Total Current Period Base			313.125			389.122
15.Prospective Rate: Line 11 x Inflation 1.08255670	97.531	224.807	322.338	97.531	307.078	404.609
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.531	224.807	322.338	97.531	307.078	404.609
19.Property Rate Component			14.452			14.452
20.ROE Component + ROE Interim Component			0.917			0.917
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			337.71			419.98
23.Medicaid Days		1,691			6,892	
24.Resident Days		1,691			6,892	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.29			2.81
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			363.17			445.96



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031258400 - 2019/07

RI: 354.27

NM: 441.72

Point West Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 01/09/2019 - 04/30/2019 Days Eligible: 253 of 365

Eligibility Factor : 69.32%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Field Audited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	100.804	219.769	320.573	100.804	311.858	412.662
2.Inflate Line 1 by Inflation Factor 1.04976182	105.821	230.705	336.525	105.821	327.376	433.197
3.Line 1 X 1.4000 X Inflation Factor 1.06966655	107.827	235.079	342.906	107.827	333.584	441.411
4.Current Period Cost	89.213	194.603	283.816	89.213	273.238	362.450
5.Incentive Basis (line 3 - line 4)	18.614	40.476		18.614	60.346	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.213	194.603	283.816	89.213	273.238	362.450
7.Incentive Line 5 x Oper 50% Res 50%	9.307	20.238	29.545	9.307	30.173	39.480
8.Incentive - Line 4 x Oper 10% Res 3%	8.921	5.838	14.759	8.921	8.197	17.118
9.Incentive - Min of Line 7,8 x Eligibility factor 69.32%	6.184	4.047	10.230	6.184	5.682	11.866
10.Final Incentive	6.184	4.047	10.230	6.184	5.682	11.866
11.Current Period Base: (line 6 + line 10)	95.396	198.650	294.046	95.396	278.919	374.316
12.Plus: Property Rate Component			9.299			9.299
13.Plus: ROE/Use Rate			1.248			1.248
14.Total Current Period Base			304.593			384.863
15.Prospective Rate: Line 11 x Inflation 1.08255670	103.272	215.050	318.322	103.272	301.946	405.218
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	103.272	215.050	318.322	103.272	301.946	405.218
19.Property Rate Component			9.299			9.299
20.ROE Component + ROE Interim Component			1.248			1.248
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			328.87			415.76
23.Medicaid Days			551			7,582
24.Resident Days			551			7,582
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.23			2.79
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.27			441.72



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2019/07

RI: 387.58

NM: 477.89

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Hodges Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 05/01/2018 - 08/17/2018 Days Eligible: 256 of 365

Eligibility Factor : 70.14%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	6/1/2014	9/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	101.738	213.930	315.668	101.738	303.908	405.646
2.Inflate Line 1 by Inflation Factor 1.04976182	106.800	224.575	331.376	106.800	319.031	425.831
3.Line 1 X 1.4000 X Inflation Factor 1.06966655	108.826	228.834	337.659	108.826	325.080	433.906
4.Current Period Cost	108.788	206.874	315.662	108.788	288.060	396.848
5.Incentive Basis (line 3 - line 4)	0.038	21.959		0.038	37.020	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.788	206.874	315.662	108.788	288.060	396.848
7.Incentive Line 5 x Oper 50% Res 50%	0.019	10.980	10.998	0.019	18.510	18.529
8.Incentive - Line 4 x Oper 10% Res 3%	10.879	6.206	17.085	10.879	8.642	19.521
9.Incentive - Min of Line 7,8 x Eligibility factor 70.14%	0.013	4.353	4.366	0.013	6.061	6.074
10.Final Incentive	0.013	4.353	4.366	0.013	6.061	6.074
11.Current Period Base: (line 6 + line 10)	108.801	211.227	320.028	108.801	294.121	402.922
12.Plus: Property Rate Component			13.527			13.527
13.Plus: ROE/Use Rate			1.995			1.995
14.Total Current Period Base			335.549			418.443
15.Prospective Rate: Line 11 x Inflation 1.08255670	117.783	228.665	346.449	117.783	318.403	436.186
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	117.783	228.665	346.449	117.783	318.403	436.186
19.Property Rate Component			13.527			13.527
20.ROE Component + ROE Interim Component			1.995			1.995
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			361.97			451.71
23.Medicaid Days		365			7,824	
24.Resident Days		365			7,824	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.44			3.01
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			387.58			477.89



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2019/07

RI: 348.14

NM: 431.65

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Kinkaid Cluster (Mentor)

Ownership:Private

Incentive Rating: Ineligible from 05/17/2018 - 09/28/2018 Days Eligible: 230 of 365

Eligibility Factor : 63.01%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	96.441	186.205	282.646	96.441	264.791	361.232
2.Inflate Line 1 by Inflation Factor 1.02612613	98.961	191.070	290.030	98.961	271.709	370.670
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	99.968	193.016	292.984	99.968	274.476	374.445
4.Current Period Cost	91.530	190.001	281.531	91.530	264.441	355.971
5.Incentive Basis (line 3 - line 4)	8.439	3.015		8.439	10.035	
6.Allowed Current Period Costs (Min of line 3 or 4)	91.530	190.001	281.531	91.530	264.441	355.971
7.Incentive Line 5 x Oper 50% Res 50%	4.219	1.507	5.727	4.219	5.017	9.237
8.Incentive - Line 4 x Oper 10% Res 3%	9.153	5.700	14.853	9.153	7.933	17.086
9.Incentive - Min of Line 7,8 x Eligibility factor 63.01%	2.659	0.950	3.609	2.659	3.162	5.820
10.Final Incentive	2.659	0.950	3.609	2.659	3.162	5.820
11.Current Period Base: (line 6 + line 10)	94.189	190.951	285.139	94.189	267.603	361.792
12.Plus: Property Rate Component			12.578			12.578
13.Plus: ROE/Use Rate			1.521			1.521
14.Total Current Period Base			299.238			375.890
15.Prospective Rate: Line 11 x Inflation 1.08255670	101.965	206.715	308.680	101.965	289.695	391.660
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	101.965	206.715	308.680	101.965	289.695	391.660
19.Property Rate Component			12.578			12.578
20.ROE Component + ROE Interim Component			1.521			1.521
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			322.78			405.76
23.Medicaid Days		655			7,549	
24.Resident Days		655			7,549	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.20			2.72
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			348.14			431.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031261400 - 2019/07

RI: 395.53

NM: 518.60

Flamingo Drive Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.657	226.960	343.617	116.657	315.282	431.939
2.Inflate Line 1 by Inflation Factor 1.02712887	119.821	233.117	352.939	119.821	323.836	443.657
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	121.087	235.580	356.667	121.087	327.257	448.344
4.Current Period Cost	144.165	257.333	401.498	144.165	345.524	489.690
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)	121.087	235.580	356.667	121.087	327.257	448.344
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	121.087	235.580	356.667	121.087	327.257	448.344
12.Plus: Property Rate Component			15.982			15.982
13.Plus: ROE/Use Rate			3.638			3.638
14.Total Current Period Base			376.287			467.964
15.Prospective Rate: Line 11 x Inflation 1.05396385	127.622	248.293	375.914	127.622	344.917	472.538
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	127.622	248.293	375.914	127.622	344.917	472.538
19.Property Rate Component			15.982			15.982
20.ROE Component + ROE Interim Component			3.638			3.638
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			395.53			492.16
23.Medicaid Days			0			7,868
24.Resident Days			0			7,868
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$23.17)			0.00			23.17
27.Plus: Buy Back - QAF (.01966747)			0.00			3.27
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			395.53			518.60



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031262200 - 2019/07

RI: 310.14

NM: 367.95

Barranger Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	57.699	199.172	256.871	57.699	253.070	310.769
2.Inflate Line 1 by Inflation Factor 1.05396377	60.813	209.920	270.733	60.813	266.727	327.540
3.Line 1 X 1.4000 X Inflation Factor 1.07554928	62.059	214.219	276.278	62.059	272.189	334.248
4.Current Period Cost	56.284	188.765	245.049	56.284	241.674	297.958
5.Incentive Basis (line 3 - line 4)	5.774	25.455		5.774	30.515	
6.Allowed Current Period Costs (Min of line 3 or 4)	56.284	188.765	245.049	56.284	241.674	297.958
7.Incentive Line 5 x Oper 50% Res 50%	2.887	12.727	15.614	2.887	15.258	18.145
8.Incentive - Line 4 x Oper 10% Res 3%	5.628	5.663	11.291	5.628	7.250	12.879
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.887	5.663	8.550	2.887	7.250	10.137
10.Final Incentive	2.887	5.663	8.550	2.887	7.250	10.137
11.Current Period Base: (line 6 + line 10)	59.171	194.428	253.599	59.171	248.924	308.095
12.Plus: Property Rate Component			17.733			17.733
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			271.332			325.829
15.Prospective Rate: Line 11 x Inflation 1.05396385	62.365	204.920	267.284	62.365	262.357	324.721
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	62.365	204.920	267.284	62.365	262.357	324.721
19.Property Rate Component			17.733			17.733
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			285.02			342.45
23.Medicaid Days			2,032			152
24.Resident Days			2,032			152
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.96			2.32
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			310.14			367.95



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031263100 - 2019/07

RI: 242.70

NM: 0.00

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.924	147.219	193.143	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.05396377	48.402	155.163	203.565	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.07554928	49.394	158.341	207.734	0.000	0.000	0.000
4.Current Period Cost	40.218	141.106	181.325	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	9.175	17.235		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	40.218	141.106	181.325	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	4.588	8.617	13.205	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.022	4.233	8.255	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.022	4.233	8.255	0.000	0.000	0.000
10.Final Incentive	4.022	4.233	8.255	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	44.240	145.339	189.580	0.000	0.000	0.000
12.Plus: Property Rate Component			18.140			0.000
13.Plus: ROE/Use Rate			0.050			0.000
14.Total Current Period Base			207.770			0.000
15.Prospective Rate: Line 11 x Inflation 1.05396385	46.628	153.183	199.810	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	46.628	153.183	199.810	0.000	0.000	0.000
19.Property Rate Component			18.140			0.000
20.ROE Component + ROE Interim Component			0.050			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			218.00			0.00
23.Medicaid Days			2,184			0
24.Resident Days			2,184			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$23.17)			23.17			0.00
27.Plus: Buy Back - QAF (.01966747)			1.53			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			242.70			0.00



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031264900 - 2019/07

RI: 385.88

NM: 471.09

Pensacola Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.503	205.112	321.615	116.503	287.194	403.697
2.Inflate Line 1 by Inflation Factor 1.02612613	119.547	210.470	330.017	119.547	294.697	414.244
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	120.764	212.614	333.378	120.764	297.699	418.463
4.Current Period Cost	104.486	204.310	308.797	104.486	278.324	382.810
5.Incentive Basis (line 3 - line 4)	16.278	8.304		16.278	19.375	
6.Allowed Current Period Costs (Min of line 3 or 4)	104.486	204.310	308.797	104.486	278.324	382.810
7.Incentive Line 5 x Oper 50% Res 50%	8.139	4.152	12.291	8.139	9.688	17.827
8.Incentive - Line 4 x Oper 10% Res 3%	10.449	6.129	16.578	10.449	8.350	18.798
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.139	4.152	12.291	8.139	8.350	16.489
10.Final Incentive	8.139	4.152	12.291	8.139	8.350	16.489
11.Current Period Base: (line 6 + line 10)	112.625	208.462	321.087	112.625	286.673	399.299
12.Plus: Property Rate Component			10.739			10.739
13.Plus: ROE/Use Rate			1.946			1.946
14.Total Current Period Base			333.772			411.983
15.Prospective Rate: Line 11 x Inflation 1.08255670	121.923	225.672	347.595	121.923	310.340	432.263
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	121.923	225.672	347.595	121.923	310.340	432.263
19.Property Rate Component			10.739			10.739
20.ROE Component + ROE Interim Component			1.946			1.946
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			360.28			444.95
23.Medicaid Days		368			7,884	
24.Resident Days		368			7,884	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.43			2.97
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			385.88			471.09



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2019/07

RI: 345.76

NM: 420.87

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

Caprona Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201707
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.635	196.323	262.957	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02612613	68.375	201.452	269.827	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	69.072	203.503	272.575	0.000	0.000	0.000
4.Current Period Cost	73.568	219.706	293.274	73.568	267.957	341.525
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)	69.072	203.503	272.575	73.568	267.957	341.525
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	69.072	203.503	272.575	73.568	267.957	341.525
12.Plus: Property Rate Component			24.506			24.506
13.Plus: ROE/Use Rate			0.821			0.821
14.Total Current Period Base			297.902			366.852
15.Prospective Rate: Line 11 x Inflation 1.08255670	74.774	220.304	295.078	79.642	290.079	369.720
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	74.774	220.304	295.078	79.642	290.079	369.720
19.Property Rate Component			24.506			24.506
20.ROE Component + ROE Interim Component			0.821			0.821
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			320.40			395.05
23.Medicaid Days		1,565			397	
24.Resident Days		1,565			397	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.18			2.65
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			345.76			420.87



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031266500 - 2019/07

RI: 248.37

NM: 285.57

Rich Street Group Home (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2017	9/30/2018	Unaudited Costs	201807
Prior Cost Report	10/1/2016	9/30/2017	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	53.047	134.869	187.916	53.047	168.654	221.701
2.Inflate Line 1 by Inflation Factor 1.02712887	54.486	138.528	193.014	54.486	173.229	227.715
3.Line 1 X 1.4000 X Inflation Factor 1.03798042	55.062	139.991	195.053	55.062	175.059	230.121
4.Current Period Cost	59.665	186.317	245.982	59.665	228.349	288.014
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)	55.062	139.991	195.053	55.062	175.059	230.121
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	55.062	139.991	195.053	55.062	175.059	230.121
12.Plus: Property Rate Component			18.028			18.028
13.Plus: ROE/Use Rate			0.031			0.031
14.Total Current Period Base			213.112			248.180
15.Prospective Rate: Line 11 x Inflation 1.05396385	58.033	147.546	205.579	58.033	184.506	242.539
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	58.033	147.546	205.579	58.033	184.506	242.539
19.Property Rate Component			18.028			18.028
20.ROE Component + ROE Interim Component			0.031			0.031
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			223.64			260.60
23.Medicaid Days		1,820			135	
24.Resident Days		1,820			135	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			1.57			1.80
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			248.37			285.57



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

031267300 - 2019/07

RI: 345.80

NM: 427.91

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2016	9/30/2017	Unaudited Costs	201807
Prior Cost Report	10/1/2015	9/30/2016	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.214	195.754	276.968	81.214	270.177	351.391
2.Inflate Line 1 by Inflation Factor 1.02612613	83.336	200.869	284.204	83.336	277.236	360.571
3.Line 1 X 1.4000 X Inflation Factor 1.03657658	84.185	202.914	287.099	84.185	280.059	364.244
4.Current Period Cost	86.107	190.495	276.603	86.107	263.668	349.775
5.Incentive Basis (line 3 - line 4)	0.000	12.419		0.000	16.391	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.185	190.495	274.680	84.185	263.668	347.852
7.Incentive Line 5 x Oper 50% Res 50%	0.000	6.210	6.210	0.000	8.196	8.196
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.715	5.715	0.000	7.910	7.910
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.715	5.715	0.000	7.910	7.910
10.Final Incentive	0.000	5.715	5.715	0.000	7.910	7.910
11.Current Period Base: (line 6 + line 10)	84.185	196.210	280.394	84.185	271.578	355.762
12.Plus: Property Rate Component			14.967			14.967
13.Plus: ROE/Use Rate			1.943			1.943
14.Total Current Period Base			297.304			372.672
15.Prospective Rate: Line 11 x Inflation 1.08255670	91.135	212.408	303.543	91.135	293.998	385.133
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	91.135	212.408	303.543	91.135	293.998	385.133
19.Property Rate Component			14.967			14.967
20.ROE Component + ROE Interim Component			1.943			1.943
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			320.45			402.04
23.Medicaid Days			1,126			7,364
24.Resident Days			1,126			7,364
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.18			2.70
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			345.80			427.91



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2019 through 06/30/2020

099999900 - 2019/07

RI: 445.31

NM: 561.12

New Horizons (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2018 - 04/30/2019 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	2/1/2019	1/31/2020	Budget	201707
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	132.492	259.719	392.211	132.492	374.802	507.294
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	132.492	259.719	392.211	132.492	374.802	507.294
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	132.492	259.719	392.211	132.492	374.802	507.294
12.Plus: Property Rate Component			27.119			27.119
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			419.330			534.412
15.Prospective Rate: Line 11 x Inflation 1.00000000	132.492	259.719	392.211	132.492	374.802	507.294
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	132.492	259.719	392.211	132.492	374.802	507.294
19.Property Rate Component			27.119			27.119
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			419.33			534.41
23.Medicaid Days			11,823			5,332
24.Resident Days			11,823			5,332
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$23.17)			23.17			23.17
27.Plus: Buy Back - QAF (.01966747)			2.81			3.54
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			445.31			561.12