



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

<b>000169300 - 2014/07</b>
<b>RI:253.98</b>

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

Provider Number: 000169300  
 Date: 6/27/2014  
 FYE: 11/30/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>255.19</u>	<u>253.98</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**000169300**

Provider Name: **St. Augustine Center for Living**  
 Provider Number: 00169300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Calculation Sheet  
Rates Effective 07/01/2014 through 06/30/2015

<b>000169300 - 2014/07</b>
<b>253.98</b>
<b>0.00</b>

**St. Augustine Center for Living**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	45.706	150.224	195.930			
2. Inflate Line 1 by Inflation Factor 1.02204667 *	49.304	153.536	202.840			
3. Line 1 x 1.400 x Inflation Factor 1.03086534 *	49.707	154.861	204.568			
4. Current Period Cost	46.840	150.240	197.080			
5. Incentive Basis (line 3 - line 4)	2.867	4.621		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	46.840	150.240	197.080			
7. Incentive Line 5 x Oper 50% Res 50%	1.433	2.311	3.744	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.684	4.507	9.191	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.433	2.311	3.744	0.000	0.000	0.000
10. Final Incentive	1.433	2.311	3.744	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	48.274	152.550	200.824	0.000	0.000	0.000
12. Plus: Property Rate Component			23.275			0.000
13. Plus: ROE/Use Rate			0.294			0.000
14. Total Current Period Base			224.392			0.000
15. Prospective Rate: Line 11 x Inflation (1.05609326)	50.981	161.107	212.089	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	50.981	161.107	212.089	0.000	0.000	0.000
19. Property Rate Component			23.275			0.000
20. ROE Component + ROE Interim Component			0.294			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>235.66</b>			<b>0.00</b>
23. Medicaid Days		21,830			0	
24. Resident Days		21,830			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.17			0.00
29. Add-On (QAF less Rate Cut)			1.56			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>253.98</b>			<b>0.00</b>



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

**001069500 - 2014/07**  
**RI:350.66 / NM:428.08**

**Minor North**  
 85609 Miner Road  
 Yulee FL 32097

Provider Number: 001069500  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>352.51</u>	<u>350.66</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>430.10</u>	<u>428.08</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road  
 Fernandina Beach FL 32034

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

001069500

Provider Name: **Minor North**  
 Provider Number: 01069500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>001069500 - 2014/07</b>
<b>350.66</b>
<b>428.08</b>

**Minor North**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	115.783	156.001	271.784	115.783	225.798	341.581
2. Inflate Line 1 by Inflation Factor 1.02193755	118.323	159.423	277.746	118.323	230.751	349.074
3. Line 1 x 1.400 x Inflation Factor 1.03071257	119.339	160.792	280.131	119.339	232.733	352.072
4. Current Period Cost	100.039	153.664	253.703	100.039	231.522	331.562
5. Incentive Basis (line 3 - line 4)	19.300	7.128	26.428	19.300	1.210	20.510
6. Allowed Current Period Costs (Min of line 3 or 4)	100.039	153.664	253.703	100.039	231.522	331.562
7. Incentive Line 5 x Oper 50% Res 50%	9.650	3.564	13.214	9.650	0.605	10.255
8. Incentive - Line 4 x Oper 10% Res 3%	10.004	4.610	14.614	10.004	6.946	16.950
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.650	3.564	13.214	9.650	0.605	10.255
10. Final Incentive	9.650	3.564	13.214	9.650	0.605	10.255
11. Current Period Base: (line 6 + line 10)	109.689	157.228	266.917	109.689	232.127	341.817
12. Plus: Property Rate Component			52.602			52.602
13. Plus: ROE/Use Rate			1.964			1.964
14. Total Current Period Base			321.483			396.383
15. Prospective Rate: Line 11 x Inflation (1.04436885)	114.556	164.204	278.760	114.556	242.427	356.983
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	114.556	164.204	278.760	114.556	242.427	356.983
19. Property Rate Component			52.602			52.602
20. ROE Component + ROE Interim Component			1.964			1.964
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>333.33</b>			<b>411.55</b>
23. Medicaid Days			30		8,444	
24. Resident Days			30		8,444	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.76			7.03
29. Add-On (QAF less Rate Cut)			2.16			2.63
<b>30. Final Per Diem After Adjustments</b>			<b>350.66</b>			<b>428.08</b>



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

**001071000 - 2014/07**  
**RI:313.15 / NM:385.56**

**Minor South**  
 85474 Miner Road  
 Yulee FL 32097

Provider Number: 001071000  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>314.87</u>	<u>313.15</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>387.44</u>	<u>385.56</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Care Ctrs of Nassau, LLC  
 \_\_\_\_\_  
 95146 Hendricks Road  
 \_\_\_\_\_  
 Fernandina Beach FL 32034  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

001071000

Provider Name: **Minor South**  
 Provider Number: 01071000  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>001071000 - 2014/07</b>
<b>313.15</b>
<b>385.56</b>

**Minor South**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	107.513	160.039	267.552	107.513	247.195	354.708
2. Inflate Line 1 by Inflation Factor 1.02193755	109.872	163.550	273.422	109.872	252.618	362.489
3. Line 1 x 1.400 x Inflation Factor 1.03071257	110.815	164.955	275.770	110.815	254.787	365.602
4. Current Period Cost	92.493	127.988	220.481	92.493	195.993	288.486
5. Incentive Basis (line 3 - line 4)	18.322	36.967	55.289	18.322	58.794	77.116
6. Allowed Current Period Costs (Min of line 3 or 4)	92.493	127.988	220.481	92.493	195.993	288.486
7. Incentive Line 5 x Oper 50% Res 50%	9.161	18.483	27.644	9.161	29.397	38.558
8. Incentive - Line 4 x Oper 10% Res 3%	9.249	3.840	13.089	9.249	5.880	15.129
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.161	3.840	13.001	9.161	5.880	15.041
10. Final Incentive	9.161	3.840	13.001	9.161	5.880	15.041
11. Current Period Base: (line 6 + line 10)	101.654	131.827	233.481	101.654	201.873	303.527
12. Plus: Property Rate Component			49.641			49.641
13. Plus: ROE/Use Rate			1.950			1.950
14. Total Current Period Base			285.072			355.117
15. Prospective Rate: Line 11 x Inflation (1.04436885)	106.164	137.676	243.841	106.164	210.830	316.994
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.164	137.676	243.841	106.164	210.830	316.994
19. Property Rate Component			49.641			49.641
20. ROE Component + ROE Interim Component			1.950			1.950
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>295.43</b>			<b>368.58</b>
23. Medicaid Days		1,095			7,665	
24. Resident Days		1,095			7,665	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.14			6.33
29. Add-On (QAF less Rate Cut)			1.92			2.37
<b>30. Final Per Diem After Adjustments</b>			<b>313.15</b>			<b>385.56</b>



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

**028000300 - 2014/07**

**RI:287.23**

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

Provider Number: 028000300  
 Date: 6/27/2014  
 FYE: 12/31/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>288.37</u>	<u>287.23</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (8)  
 Home Office:

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

028000300

Provider Name: **Sandy Park Development Center**  
 Provider Number: 28000300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028000300 - 2014/07</b>
<b>287.23</b>
<b>0.00</b>

**Sandy Park Development Center**

Ownership:Private[3]

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

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	61.739	180.666	242.406			
2. Inflate Line 1 by Inflation Factor 1.02197006	63.096	184.636	247.732			
3. Line 1 x 1.400 x Inflation Factor 1.03075808	63.638	186.223	249.862			
4. Current Period Cost	58.197	178.661	236.859			
5. Incentive Basis (line 3 - line 4)	5.441	7.562		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	58.197	178.661	236.859			
7. Incentive Line 5 x Oper 50% Res 50%	2.721	3.781	6.502	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.820	5.360	11.180	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.721	3.781	6.502	0.000	0.000	0.000
10. Final Incentive	2.721	3.781	6.502	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	60.918	182.442	243.360	0.000	0.000	0.000
12. Plus: Property Rate Component			12.678			0.000
13. Plus: ROE/Use Rate			0.042			0.000
14. Total Current Period Base			256.080			0.000
15. Prospective Rate: Line 11 x Inflation (1.05412531)	64.215	192.317	256.532	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.215	192.317	256.532	0.000	0.000	0.000
19. Property Rate Component			12.678			0.000
20. ROE Component + ROE Interim Component			0.042			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>269.25</b>			<b>0.00</b>
23. Medicaid Days		23,314			0	
24. Resident Days		23,314			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.71			0.00
29. Add-On (QAF less Rate Cut)			1.77			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>287.23</b>			<b>0.00</b>





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

**028018601 - 2014/07**  
**RI:336.65 / NM:435.34**

**ST PETERSBURG CLUSTER**  
 1101 102nd Avenue North  
 St. Petersburg FL 33716

Provider Number: 028018601  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>337.93</u>	<u>336.65</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>436.83</u>	<u>435.34</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (29)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028018601**

Provider Name: **ST PETERSBURG CLUSTER**  
 Provider Number: 28018601  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028018601 - 2014/07</b>
<b>336.65</b>
<b>435.34</b>

**ST PETERSBURG CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.408	201.975	286.384	84.408	295.576	379.984
2. Inflate Line 1 by Inflation Factor 1.02200452	86.266	206.420	292.685	86.266	302.080	388.346
3. Line 1 x 1.400 x Inflation Factor 1.03080632	87.008	208.198	295.206	87.008	304.682	391.690
4. Current Period Cost	81.626	205.830	287.456	81.626	300.609	382.235
5. Incentive Basis (line 3 - line 4)	5.383	2.368	7.751	5.383	4.073	9.456
6. Allowed Current Period Costs (Min of line 3 or 4)	81.626	205.830	287.456	81.626	300.609	382.235
7. Incentive Line 5 x Oper 50% Res 50%	2.691	1.184	3.875	2.691	2.036	4.728
8. Incentive - Line 4 x Oper 10% Res 3%	8.163	6.175	14.337	8.163	9.018	17.181
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.691	1.184	3.875	2.691	2.036	4.728
10. Final Incentive	2.691	1.184	3.875	2.691	2.036	4.728
11. Current Period Base: (line 6 + line 10)	84.317	207.014	291.331	84.317	302.645	386.963
12. Plus: Property Rate Component			14.264			14.264
13. Plus: ROE/Use Rate			1.200			1.200
14. Total Current Period Base			306.795			402.426
15. Prospective Rate: Line 11 x Inflation (1.04251431)	87.902	215.815	303.717	87.902	315.512	403.414
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	87.902	215.815	303.717	87.902	315.512	403.414
19. Property Rate Component			14.264			14.264
20. ROE Component + ROE Interim Component			1.200			1.200
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>319.18</b>			<b>418.88</b>
23. Medicaid Days		623			7,928	
24. Resident Days		623			7,959	
25. Medicaid Utilization		100.00%			99.61%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.53			7.15
29. Add-On (QAF less Rate Cut)			2.07			2.68
<b>30. Final Per Diem After Adjustments</b>			<b>336.65</b>			<b>435.34</b>



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

**028019401 - 2014/07**  
**RI:454.06 / NM:566.10**

**LAUREL HILL CLUSTER**  
 2011 Laurel Hill Cluster  
 Orlando FL 32818

Provider Number: 028019401  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>445.94</u>	<u>454.06</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>558.02</u>	<u>566.10</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300  
Apopka FL 3270400

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028019401

Provider Name: **LAUREL HILL CLUSTER**  
 Provider Number: 28019401  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028019401 - 2014/07</b>
<b>454.06</b>
<b>566.10</b>

**LAUREL HILL CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	121.136	266.159	387.295	121.136	387.680	508.816
2. Inflate Line 1 by Inflation Factor 1.02193755	123.793	271.998	395.791	123.793	396.185	519.979
3. Line 1 x 1.400 x Inflation Factor 1.03071257	124.856	274.333	399.190	124.856	399.587	524.443
4. Current Period Cost	115.503	273.868	389.371	115.503	379.559	495.062
5. Incentive Basis (line 3 - line 4)	9.353	0.465		9.353	20.028	
6. Allowed Current Period Costs (Min of line 3 or 4)	115.503	273.868	389.371	115.503	379.559	495.062
7. Incentive Line 5 x Oper 50% Res 50%	4.677	0.232	4.909	4.677	10.014	14.691
8. Incentive - Line 4 x Oper 10% Res 3%	11.550	8.216	19.766	11.550	11.387	22.937
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.677	0.232	4.909	4.677	10.014	14.691
10. Final Incentive	4.677	0.232	4.909	4.677	10.014	14.691
11. Current Period Base: (line 6 + line 10)	120.180	274.101	394.281	120.180	389.573	509.753
12. Plus: Property Rate Component			16.356			16.356
13. Plus: ROE/Use Rate			2.254			2.254
14. Total Current Period Base			412.890			528.363
15. Prospective Rate: Line 11 x Inflation (1.04436885)	125.512	286.262	411.774	125.512	406.858	532.370
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	125.512	286.262	411.774	125.512	406.858	532.370
19. Property Rate Component			16.356			16.356
20. ROE Component + ROE Interim Component			2.254			2.254
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>430.38</b>			<b>550.98</b>
23. Medicaid Days			0		8,288	
24. Resident Days			0		8,288	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			9.29
29. Add-On (QAF less Rate Cut)			2.75			3.48
<b>30. Final Per Diem After Adjustments</b>			<b>454.06</b>			<b>566.10</b>



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

**028020801 - 2014/07**  
**RI:317.12 / NM:420.84**

**MCCAULEY CLUSTER**

1385 McCauley Road  
 Tallahassee FL 32308

Provider Number: 028020801  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>318.37</u>	<u>317.12</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>422.32</u>	<u>420.84</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (2)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028020801**

Provider Name: **MCCAULEY CLUSTER**  
 Provider Number: 28020801  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028020801 - 2014/07**

**317.12**

**420.84**

**MCCAULEY CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.270	198.926	267.196	68.270	297.895	366.165
2. Inflate Line 1 by Inflation Factor 1.02200452	69.772	203.304	273.076	69.772	304.450	374.222
3. Line 1 x 1.400 x Inflation Factor 1.03080632	70.373	205.054	275.428	70.373	307.072	377.445
4. Current Period Cost	71.173	197.096	268.269	71.173	296.108	367.281
5. Incentive Basis (line 3 - line 4)	0.000	7.958		0.000	10.964	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.373	197.096	267.470	70.373	296.108	366.481
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.979	3.979	0.000	5.482	5.482
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.913	5.913	0.000	8.883	8.883
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.979	3.979	0.000	5.482	5.482
10. Final Incentive	0.000	3.979	3.979	0.000	5.482	5.482
11. Current Period Base: (line 6 + line 10)	70.373	201.075	271.449	70.373	301.590	371.963
12. Plus: Property Rate Component			15.499			15.499
13. Plus: ROE/Use Rate			0.953			0.953
14. Total Current Period Base			287.901			388.415
15. Prospective Rate: Line 11 x Inflation (1.04251431)	73.365	209.624	282.989	73.365	314.412	387.777
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.365	209.624	282.989	73.365	314.412	387.777
19. Property Rate Component			15.499			15.499
20. ROE Component + ROE Interim Component			0.953			0.953
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>299.44</b>			<b>404.23</b>
23. Medicaid Days		1,535			6,778	
24. Resident Days		1,535			6,804	
25. Medicaid Utilization		100.00%			99.62%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.21			6.91
29. Add-On (QAF less Rate Cut)			1.95			2.59
<b>30. Final Per Diem After Adjustments</b>			<b>317.12</b>			<b>420.84</b>



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

**028028301 - 2014/07**  
**RI:321.93 / NM:407.64**

**GREENTREE COURT CLUSTER**

Provider Number: 028028301

2160 Green Tree Court  
Bartow FL 33830

Date: 6/27/2014

FYE: 6/30/2013

Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>323.23</u>	<u>321.93</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>409.14</u>	<u>407.64</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A  
Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028028301**

Provider Name: **GREENTREE COURT CLUSTER**  
 Provider Number: 28028301  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028028301 - 2014/07

321.93

407.64

**GREENTREE COURT CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.982	196.011	269.993	73.982	276.593	350.575
2. Inflate Line 1 by Inflation Factor 1.02200452	75.610	200.324	275.934	75.610	282.679	358.289
3. Line 1 x 1.400 x Inflation Factor 1.03080632	76.261	202.049	278.311	76.261	285.113	361.375
4. Current Period Cost	67.363	210.398	277.761	67.363	307.875	375.238
5. Incentive Basis (line 3 - line 4)	8.898	0.000		8.898	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.363	202.049	269.412	67.363	285.113	352.476
7. Incentive Line 5 x Oper 50% Res 50%	4.449	0.000	4.449	4.449	0.000	4.449
8. Incentive - Line 4 x Oper 10% Res 3%	6.736	0.000	6.736	6.736	0.000	6.736
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.449	0.000	4.449	4.449	0.000	4.449
10. Final Incentive	4.449	0.000	4.449	4.449	0.000	4.449
11. Current Period Base: (line 6 + line 10)	71.812	202.049	273.861	71.812	285.113	356.925
12. Plus: Property Rate Component			18.497			18.497
13. Plus: ROE/Use Rate			0.302			0.302
14. Total Current Period Base			292.660			375.724
15. Prospective Rate: Line 11 x Inflation (1.04251431)	74.865	210.639	285.504	74.865	297.235	372.100
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.865	210.639	285.504	74.865	297.235	372.100
19. Property Rate Component			18.497			18.497
20. ROE Component + ROE Interim Component			0.302			0.302
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>304.30</b>			<b>390.90</b>
23. Medicaid Days		1,752			6,620	
24. Resident Days		1,752			6,620	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.28			6.69
29. Add-On (QAF less Rate Cut)			1.98			2.51
<b>30. Final Per Diem After Adjustments</b>			<b>321.93</b>			<b>407.64</b>



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

**028029101 - 2014/07**  
**RI:356.91 / NM:471.74**

**MAHAN CLUSTER**  
 2034 Mahan Drive  
 Tallahassee FL 32308

Provider Number: 028029101  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>358.27</u>	<u>356.91</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>473.35</u>	<u>471.74</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Sunrise Community  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028029101**

Provider Name: **MAHAN CLUSTER**  
 Provider Number: 28029101  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028029101 - 2014/07</b>
<b>356.91</b>
<b>471.74</b>

**MAHAN CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.162	227.419	301.581	74.162	335.373	409.535
2. Inflate Line 1 by Inflation Factor 1.02200452	75.794	232.423	308.217	75.794	342.753	418.547
3. Line 1 x 1.400 x Inflation Factor 1.03080632	76.447	234.425	310.872	76.447	345.705	422.151
4. Current Period Cost	73.760	236.870	310.630	73.760	360.105	433.865
5. Incentive Basis (line 3 - line 4)	2.687	0.000	2.687	2.687	0.000	2.687
6. Allowed Current Period Costs (Min of line 3 or 4)	73.760	234.425	308.185	73.760	345.705	419.464
7. Incentive Line 5 x Oper 50% Res 50%	1.343	0.000	1.343	1.343	0.000	1.343
8. Incentive - Line 4 x Oper 10% Res 3%	7.376	0.000	7.376	7.376	0.000	7.376
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.343	0.000	1.343	1.343	0.000	1.343
10. Final Incentive	1.343	0.000	1.343	1.343	0.000	1.343
11. Current Period Base: (line 6 + line 10)	75.103	234.425	309.528	75.103	345.705	420.808
12. Plus: Property Rate Component			15.843			15.843
13. Plus: ROE/Use Rate			1.115			1.115
14. Total Current Period Base			326.486			437.766
15. Prospective Rate: Line 11 x Inflation (1.04251431)	78.296	244.391	322.688	78.296	360.402	438.698
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.296	244.391	322.688	78.296	360.402	438.698
19. Property Rate Component			15.843			15.843
20. ROE Component + ROE Interim Component			1.115			1.115
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>339.65</b>			<b>455.66</b>
23. Medicaid Days		2,302			4,937	
24. Resident Days		2,302			4,937	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.86			7.74
29. Add-On (QAF less Rate Cut)			2.19			2.90
<b>30. Final Per Diem After Adjustments</b>			<b>356.91</b>			<b>471.74</b>



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

**028030501 - 2014/07**  
**RI:244.11 / NM:293.01**

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

Provider Number: 028030501  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.11</u>	<u>244.11</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>293.13</u>	<u>293.01</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028030501**

Provider Name: **LAKE CITY CLUSTER**  
 Provider Number: 28030501  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028030501 - 2014/07</b>
<b>244.11</b>
<b>293.01</b>

**LAKE CITY CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.565	131.592	203.157	71.565	184.207	255.771
2. Inflate Line 1 by Inflation Factor 1.02200452	73.139	134.488	207.627	73.139	188.260	261.399
3. Line 1 x 1.400 x Inflation Factor 1.03080632	73.769	135.646	209.415	73.769	189.881	263.651
4. Current Period Cost	71.241	130.824	202.065	71.241	179.077	250.318
5. Incentive Basis (line 3 - line 4)	2.529	4.822		2.529	10.804	
6. Allowed Current Period Costs (Min of line 3 or 4)	71.241	130.824	202.065	71.241	179.077	250.318
7. Incentive Line 5 x Oper 50% Res 50%	1.264	2.411	3.675	1.264	5.402	6.666
8. Incentive - Line 4 x Oper 10% Res 3%	7.124	3.925	11.049	7.124	5.372	12.496
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.264	2.411	3.675	1.264	5.372	6.637
10. Final Incentive	1.264	2.411	3.675	1.264	5.372	6.637
11. Current Period Base: (line 6 + line 10)	72.505	133.235	205.740	72.505	184.449	256.954
12. Plus: Property Rate Component			7.213			7.213
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			212.952			264.167
15. Prospective Rate: Line 11 x Inflation (1.04251431)	75.587	138.899	214.487	75.587	192.291	267.879
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.587	138.899	214.487	75.587	192.291	267.879
19. Property Rate Component			7.213			7.213
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>	<b>221.70</b>			<b>275.09</b>		
23. Medicaid Days	0			8,403		
24. Resident Days	0			8,403		
25. Medicaid Utilization	NA			100.00%		
26. Quality Assessment (20.93)	20.93			20.93		
27. Less Rate Cut (0%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.614936%)	0.00			4.81		
29. Add-On (QAF less Rate Cut)	1.48			1.80		
<b>30. Final Per Diem After Adjustments</b>	<b>244.11</b>			<b>293.01</b>		



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

**028031301 - 2014/07**  
**RI:337.12 / NM:431.76**

**BAYSHORE CLUSTER**  
 2059 Lisenby Avenue  
 Panama City FL 32405

Provider Number: 028031301  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>338.42</u>	<u>337.12</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>433.27</u>	<u>431.76</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (2)  
 Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A  
 Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028031301**

Provider Name: **BAYSHORE CLUSTER**  
 Provider Number: 28031301  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028031301 - 2014/07</b>
<b>337.12</b>
<b>431.76</b>

**BAYSHORE CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.449	231.215	305.664	74.449	325.049	399.498
2. Inflate Line 1 by Inflation Factor 1.02200452	76.087	236.303	312.390	76.087	332.201	408.288
3. Line 1 x 1.400 x Inflation Factor 1.03080632	76.742	238.338	315.081	76.742	335.062	411.805
4. Current Period Cost	65.486	211.682	277.168	65.486	300.728	366.215
5. Incentive Basis (line 3 - line 4)	11.256	26.657		11.256	34.334	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.486	211.682	277.168	65.486	300.728	366.215
7. Incentive Line 5 x Oper 50% Res 50%	5.628	13.328	18.956	5.628	17.167	22.795
8. Incentive - Line 4 x Oper 10% Res 3%	6.549	6.350	12.899	6.549	9.022	15.570
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.628	6.350	11.978	5.628	9.022	14.650
10. Final Incentive	5.628	6.350	11.978	5.628	9.022	14.650
11. Current Period Base: (line 6 + line 10)	71.114	218.032	289.146	71.114	309.750	380.864
12. Plus: Property Rate Component			17.230			17.230
13. Plus: ROE/Use Rate			0.979			0.979
14. Total Current Period Base			307.355			399.073
15. Prospective Rate: Line 11 x Inflation (1.04251431)	74.138	227.302	301.439	74.138	322.919	397.057
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.138	227.302	301.439	74.138	322.919	397.057
19. Property Rate Component			17.230			17.230
20. ROE Component + ROE Interim Component			0.979			0.979
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>319.65</b>			<b>415.27</b>
23. Medicaid Days		365			7,517	
24. Resident Days		365			7,517	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.53			7.09
29. Add-On (QAF less Rate Cut)			2.07			2.65
<b>30. Final Per Diem After Adjustments</b>			<b>337.12</b>			<b>431.76</b>



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

**028032101 - 2014/07**  
**RI:256.08 / NM:304.63**

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

Provider Number: 028032101  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>253.50</u>	<u>256.08</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>305.76</u>	<u>304.63</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (3)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028032101**

Provider Name: **GAINESVILLE 39TH AVE CLUSTER**  
 Provider Number: 28032101  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028032101 - 2014/07</b>
<b>256.08</b>
<b>304.63</b>

**GAINESVILLE 39TH AVE CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	70.319	143.370	213.689	70.319	195.137	265.456
2. Inflate Line 1 by Inflation Factor 1.02200452	71.866	146.525	218.391	71.866	199.431	271.297
3. Line 1 x 1.400 x Inflation Factor 1.03080632	72.485	147.787	220.272	72.485	201.149	273.634
4. Current Period Cost	64.854	144.333	209.187	64.854	193.070	257.924
5. Incentive Basis (line 3 - line 4)	7.631	3.455	11.086	7.631	8.079	15.710
6. Allowed Current Period Costs (Min of line 3 or 4)	64.854	144.333	209.187	64.854	193.070	257.924
7. Incentive Line 5 x Oper 50% Res 50%	3.815	1.727	5.543	3.815	4.039	7.855
8. Incentive - Line 4 x Oper 10% Res 3%	6.485	4.330	10.815	6.485	5.792	12.278
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.815	1.727	5.543	3.815	4.039	7.855
10. Final Incentive	3.815	1.727	5.543	3.815	4.039	7.855
11. Current Period Base: (line 6 + line 10)	68.670	146.060	214.729	68.670	197.110	265.779
12. Plus: Property Rate Component			9.746			9.746
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			224.475			275.525
15. Prospective Rate: Line 11 x Inflation (1.04251431)	71.589	152.270	223.858	71.589	205.490	277.078
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	71.589	152.270	223.858	71.589	205.490	277.078
19. Property Rate Component			9.746			9.746
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>233.60</b>			<b>286.82</b>
23. Medicaid Days			0		8,508	
24. Resident Days			0		8,508	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			5.00
29. Add-On (QAF less Rate Cut)			1.55			1.87
<b>30. Final Per Diem After Adjustments</b>			<b>256.08</b>			<b>304.63</b>





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

**028035600 - 2014/07**  
**RI:300.69 / NM:464.66**

**PARC CENTER APARTMENTS**  
 3190 75th Street North  
 St. Petersburg FL 33170

Provider Number: 028035600  
 Date: 6/27/2014  
 FYE: 9/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>301.78</u>	<u>300.69</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>466.14</u>	<u>464.66</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028035600

Provider Name: **PARC CENTER APARTMENTS**  
 Provider Number: 28035600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	12,004	5,419	17,423
2. Operating Expenses Component			
A. Administration			706,681
B. Plant Operation			169,669
C. Laundry			14,618
D. Housekeeping			45,482
E. Operating Expense Component & Per Diem	53.7479	53.7479	936,450
3. Resident Care			
A. Dietary			235,305
B. Other			0
C. Nursing			331,742
D. Resident Care & Per Diem	32.5459	32.5459	567,047
4. Prop Exp & Per Diem	11.5992	11.5992	202,092
5. ROE/Use Per Diem	0.9090	0.9090	15,837
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,002.00	5,419.00	11,421.00
3. Staffing Percent	52.5523159	47.4476841	100.00
4. Allocation of Direct Care	1,868,785.58	1,687,262.42	3,556,048.00
5. Direct Care Expense Per Diem	155.6802	311.3605	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	12,004	5,419	17,423
2. Additional Services	119,050	53,743	172,793
3. Additional Services Exp & Per Diem	9.9175	9.9175	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	53.7479	53.7479	936,450
2. Resident Care Component	198.1437	353.8239	4,295,888
3. Property Cost Component	11.5992	11.5992	202,092
4. ROE/Use Allow Component	0.9090	0.9090	15,837
<b>5 Total Cost Per Diem</b>	<b>264.3997</b>	<b>420.0799</b>	<b>5,450,267</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028035600 - 2014/07**

<b>300.69</b>
<b>464.66</b>

**PARC CENTER APARTMENTS**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.398	205.006	262.403	57.398	362.703	420.101
2. Inflate Line 1 by Inflation Factor 1.02151002	58.632	209.415	268.048	58.632	370.505	429.138
3. Line 1 x 1.400 x Inflation Factor 1.03011403	59.126	211.179	270.305	59.126	373.626	432.752
4. Current Period Cost	53.748	198.144	251.892	53.748	353.824	407.572
5. Incentive Basis (line 3 - line 4)	5.378	13.035		5.378	19.802	
6. Allowed Current Period Costs (Min of line 3 or 4)	53.748	198.144	251.892	53.748	353.824	407.572
7. Incentive Line 5 x Oper 50% Res 50%	2.689	6.518	9.207	2.689	9.901	12.590
8. Incentive - Line 4 x Oper 10% Res 3%	5.375	5.944	11.319	5.375	10.615	15.990
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.689	5.944	8.633	2.689	9.901	12.590
10. Final Incentive	2.689	5.944	8.633	2.689	9.901	12.590
11. Current Period Base: (line 6 + line 10)	56.437	204.088	260.525	56.437	363.725	420.162
12. Plus: Property Rate Component			11.599			11.599
13. Plus: ROE/Use Rate			0.909			0.909
14. Total Current Period Base			273.033			432.670
15. Prospective Rate: Line 11 x Inflation (1.03766811)	58.563	211.776	270.338	58.563	377.426	435.989
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	58.563	211.776	270.338	58.563	377.426	435.989
19. Property Rate Component			11.599			11.599
20. ROE Component + ROE Interim Component			0.909			0.909
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>	<b>282.85</b>			<b>448.50</b>		
23. Medicaid Days	12,004			5,419		
24. Resident Days	12,004			5,419		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.93)	20.93			20.93		
27. Less Rate Cut (0%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.614936%)	4.94			7.63		
29. Add-On (QAF less Rate Cut)	1.85			2.86		
<b>30. Final Per Diem After Adjustments</b>	<b>300.69</b>			<b>464.66</b>		



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

**028036401 - 2014/07**  
**RI:458.69 / NM:569.06**

**SKIPPER ROAD CLUSTER**  
 2611 E. Bearss Avenue  
 Tampa FL 33613

Provider Number: 028036401  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	453.92	458.69	7/1/2014
#8 Non-Ambulatory & #9 Medical	570.98	569.06	7/1/2014

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

P.O. Box 1300  
 Apopka FL 327041300

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028036401**

Provider Name: **SKIPPER ROAD CLUSTER**  
 Provider Number: 28036401  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028036401 - 2014/07

458.69

569.06

**SKIPPER ROAD CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	112.273	269.800	382.073	112.273	380.332	492.605
2. Inflate Line 1 by Inflation Factor 1.02193755	114.736	275.719	390.455	114.736	388.676	503.411
3. Line 1 x 1.400 x Inflation Factor 1.03071257	115.721	278.087	393.807	115.721	392.013	507.734
4. Current Period Cost	118.145	302.667	420.812	118.145	394.736	512.881
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	115.721	278.087	393.807	115.721	392.013	507.734
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	115.721	278.087	393.807	115.721	392.013	507.734
12. Plus: Property Rate Component			21.487			21.487
13. Plus: ROE/Use Rate			2.223			2.223
14. Total Current Period Base			417.517			531.444
15. Prospective Rate: Line 11 x Inflation (1.04436885)	120.855	290.425	411.280	120.855	409.406	530.261
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	120.855	290.425	411.280	120.855	409.406	530.261
19. Property Rate Component			21.487			21.487
20. ROE Component + ROE Interim Component			2.223			2.223
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>434.99</b>			<b>553.97</b>
23. Medicaid Days			0			8,357
24. Resident Days			0			8,357
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			9.34
29. Add-On (QAF less Rate Cut)			2.77			3.50
<b>30. Final Per Diem After Adjustments</b>			<b>458.69</b>			<b>569.06</b>



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

**028037201 - 2014/07**  
**RI:289.36 / NM:357.08**

**PEMBROKE PINES CLUSTER**  
 871 S.W. Douglas Road  
 Pembroke Pines FL 33025

Provider Number: 028037201  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.38</u>	<u>289.36</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>358.31</u>	<u>357.08</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:

ANN STORCK CENTER  
1790 SW 43RD WAY  
FT. LAUDERDALE FL 33317

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Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028037201**

Provider Name: **PEMBROKE PINES CLUSTER**  
 Provider Number: 28037201  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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





Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Calculation Sheet  
Rates Effective 07/01/2014 through 06/30/2015

**028037201 - 2014/07**

**289.36**

**357.08**

**PEMBROKE PINES CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.484	193.007	261.491	68.484	271.687	340.171
2. Inflate Line 1 by Inflation Factor 1.02200452	69.991	197.254	267.245	69.991	277.665	347.656
3. Line 1 x 1.400 x Inflation Factor 1.03080632	70.594	198.953	269.547	70.594	280.057	350.651
4. Current Period Cost	76.707	171.042	247.749	76.707	239.152	315.859
5. Incentive Basis (line 3 - line 4)	0.000	27.911		0.000	40.905	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.594	171.042	241.636	70.594	239.152	309.746
7. Incentive Line 5 x Oper 50% Res 50%	0.000	13.955	13.955	0.000	20.452	20.452
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.131	5.131	0.000	7.175	7.175
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.131	5.131	0.000	7.175	7.175
10. Final Incentive	0.000	5.131	5.131	0.000	7.175	7.175
11. Current Period Base: (line 6 + line 10)	70.594	176.173	246.767	70.594	246.326	316.920
12. Plus: Property Rate Component			9.427			9.427
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.194			326.347
15. Prospective Rate: Line 11 x Inflation (1.04251431)	73.595	183.663	257.258	73.595	256.799	330.394
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	73.595	183.663	257.258	73.595	256.799	330.394
19. Property Rate Component			9.427			9.427
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>266.68</b>			<b>339.82</b>
23. Medicaid Days			0		8,734	
24. Resident Days			0		8,734	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			5.86
29. Add-On (QAF less Rate Cut)			1.75			2.19
<b>30. Final Per Diem After Adjustments</b>			<b>289.36</b>			<b>357.08</b>



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

**028038101 - 2014/07**  
**RI:238.44 / NM:284.60**

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

Provider Number: 028038101  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>236.05</u>	<u>238.44</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>285.67</u>	<u>284.60</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028038101**

Provider Name: **OCALA CLUSTER**  
 Provider Number: 28038101  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028038101 - 2014/07

238.44

284.60

**OCALA CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.049	126.818	200.866	74.049	175.768	249.817
2. Inflate Line 1 by Inflation Factor 1.02200452	75.678	129.608	205.286	75.678	179.636	255.314
3. Line 1 x 1.400 x Inflation Factor 1.03080632	76.330	130.725	207.054	76.330	181.183	257.513
4. Current Period Cost	70.418	121.761	192.179	70.418	168.816	239.234
5. Incentive Basis (line 3 - line 4)	5.912	8.963		5.912	12.367	
6. Allowed Current Period Costs (Min of line 3 or 4)	70.418	121.761	192.179	70.418	168.816	239.234
7. Incentive Line 5 x Oper 50% Res 50%	2.956	4.482	7.437	2.956	6.183	9.139
8. Incentive - Line 4 x Oper 10% Res 3%	7.042	3.653	10.695	7.042	5.064	12.106
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.956	3.653	6.609	2.956	5.064	8.020
10. Final Incentive	2.956	3.653	6.609	2.956	5.064	8.020
11. Current Period Base: (line 6 + line 10)	73.374	125.414	198.788	73.374	173.881	247.255
12. Plus: Property Rate Component			8.830			8.830
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			207.618			256.084
15. Prospective Rate: Line 11 x Inflation (1.04251431)	76.493	130.746	207.239	76.493	181.273	257.766
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.493	130.746	207.239	76.493	181.273	257.766
19. Property Rate Component			8.830			8.830
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>216.07</b>			<b>266.60</b>
23. Medicaid Days			0		8,612	
24. Resident Days			0		8,612	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			4.67
29. Add-On (QAF less Rate Cut)			1.44			1.75
<b>30. Final Per Diem After Adjustments</b>			<b>238.44</b>			<b>284.60</b>



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

**028040201 - 2014/07**  
**RI:442.54 / NM:571.85**

**WILLIAMS ROAD CLUSTER**  
 1923 Sarah Louise Drive  
 Brandon FL 33510

Provider Number: 028040201  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>444.09</u>	<u>442.54</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>573.68</u>	<u>571.85</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Quest Inc  
 \_\_\_\_\_  
 P.O. Box 1300  
 \_\_\_\_\_  
 Apopka FL 327041300  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028040201**

Provider Name: **WILLIAMS ROAD CLUSTER**  
 Provider Number: 28040201  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028040201 - 2014/07

442.54

571.85

**WILLIAMS ROAD CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	108.038	272.161	380.199	108.038	393.522	501.560
2. Inflate Line 1 by Inflation Factor 1.02193755	110.408	278.132	388.540	110.408	402.155	512.563
3. Line 1 x 1.400 x Inflation Factor 1.03071257	111.356	280.520	391.876	111.356	405.608	516.964
4. Current Period Cost	116.558	305.384	421.941	116.558	407.691	524.249
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	111.356	280.520	391.876	111.356	405.608	516.964
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	111.356	280.520	391.876	111.356	405.608	516.964
12. Plus: Property Rate Component			14.941			14.941
13. Plus: ROE/Use Rate			1.954			1.954
14. Total Current Period Base			408.771			533.859
15. Prospective Rate: Line 11 x Inflation (1.04436885)	116.297	292.967	409.263	116.297	423.604	539.901
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	116.297	292.967	409.263	116.297	423.604	539.901
19. Property Rate Component			14.941			14.941
20. ROE Component + ROE Interim Component			1.954			1.954
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>426.16</b>			<b>556.80</b>
23. Medicaid Days			365			8,093
24. Resident Days			365			8,093
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			7.26			9.39
29. Add-On (QAF less Rate Cut)			2.72			3.51
<b>30. Final Per Diem After Adjustments</b>			<b>442.54</b>			<b>571.85</b>



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

**028041101 - 2014/07**  
**RI:379.87 / NM:465.92**

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

Provider Number: 028041101  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>376.28</u>	<u>379.87</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>467.86</u>	<u>465.92</u>	<u>7/1/2014</u>

Rate Type:


Interim  
 Total Interim  
 Interim Component  
 Settlement Based on Costs

Prospective  
 Total Prospective  
 Prospective Adjusted for New Cost

Basis

Budget  
 Unaudited Costs  
 Field Audited Costs  
 Field Audit - Interim Portion

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue  
Miami FL 33125

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028041101**

Provider Name: **MCP 80th Street**  
 Provider Number: 28041101  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028041101 - 2014/07

379.87

465.92

MCP 80th Street

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.952	209.323	296.276	86.952	297.542	384.494
2. Inflate Line 1 by Inflation Factor 1.02200452	88.866	213.929	302.795	88.866	304.089	392.955
3. Line 1 x 1.400 x Inflation Factor 1.03080632	89.631	215.772	305.403	89.631	306.708	396.339
4. Current Period Cost	86.481	210.109	296.591	86.481	297.846	384.327
5. Incentive Basis (line 3 - line 4)	3.150	5.662		3.150	8.862	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.481	210.109	296.591	86.481	297.846	384.327
7. Incentive Line 5 x Oper 50% Res 50%	1.575	2.831	4.406	1.575	4.431	6.006
8. Incentive - Line 4 x Oper 10% Res 3%	8.648	6.303	14.951	8.648	8.935	17.584
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.575	2.831	4.406	1.575	4.431	6.006
10. Final Incentive	1.575	2.831	4.406	1.575	4.431	6.006
11. Current Period Base: (line 6 + line 10)	88.056	212.941	300.997	88.056	302.277	390.333
12. Plus: Property Rate Component			41.471			41.471
13. Plus: ROE/Use Rate			1.379			1.379
14. Total Current Period Base			343.846			433.183
15. Prospective Rate: Line 11 x Inflation (1.04251431)	91.800	221.994	313.793	91.800	315.128	406.928
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.800	221.994	313.793	91.800	315.128	406.928
19. Property Rate Component			41.471			41.471
20. ROE Component + ROE Interim Component			1.379			1.379
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>356.64</b>			<b>449.78</b>
23. Medicaid Days			0		8,500	
24. Resident Days			0		8,500	
25. Medicaid Utilization			NA		100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.65
29. Add-On (QAF less Rate Cut)			2.30			2.86
<b>30. Final Per Diem After Adjustments</b>			<b>379.87</b>			<b>465.92</b>



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

**028045301 - 2014/07**  
**RI:403.68 / NM:487.85**

**MCP Braddock**  
 14400 SW 32nd Street  
 Miami, FL 33175

Provider Number: 028045301  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>399.81</u>	<u>403.68</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>489.84</u>	<u>487.85</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

1411 N.W. 14th Avenue  
Miami, Fl

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028045301**

Provider Name: **MCP Braddock**  
 Provider Number: 28045301  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028045301 - 2014/07**

**403.68**

**487.85**

**MCP Braddock**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	84.922	234.926	319.848	84.922	321.624	406.546
2. Inflate Line 1 by Inflation Factor 1.02200452	86.791	240.096	326.887	86.791	328.701	415.492
3. Line 1 x 1.400 x Inflation Factor 1.03080632	87.538	242.164	329.702	87.538	331.532	419.070
4. Current Period Cost	88.936	230.763	319.699	88.936	317.162	406.098
5. Incentive Basis (line 3 - line 4)	0.000	11.400		0.000	14.370	
6. Allowed Current Period Costs (Min of line 3 or 4)	87.538	230.763	318.301	87.538	317.162	404.701
7. Incentive Line 5 x Oper 50% Res 50%	0.000	5.700	5.700	0.000	7.185	7.185
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.923	6.923	0.000	9.515	9.515
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	5.700	5.700	0.000	7.185	7.185
10. Final Incentive	0.000	5.700	5.700	0.000	7.185	7.185
11. Current Period Base: (line 6 + line 10)	87.538	236.464	324.002	87.538	324.347	411.885
12. Plus: Property Rate Component			41.436			41.436
13. Plus: ROE/Use Rate			1.097			1.097
14. Total Current Period Base			366.535			454.418
15. Prospective Rate: Line 11 x Inflation (1.04251431)	91.260	246.517	337.776	91.260	338.137	429.396
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	91.260	246.517	337.776	91.260	338.137	429.396
19. Property Rate Component			41.436			41.436
20. ROE Component + ROE Interim Component			1.097			1.097
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>380.31</b>			<b>471.93</b>
23. Medicaid Days			0		8,445	
24. Resident Days			0		8,445	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			8.01
29. Add-On (QAF less Rate Cut)			2.44			3.00
<b>30. Final Per Diem After Adjustments</b>			<b>403.68</b>			<b>487.85</b>



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

**028046101 - 2014/07**  
**RI:399.70 / NM:485.24**

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

Provider Number: 028046101  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>395.87</u>	<u>399.70</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>487.21</u>	<u>485.24</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis**

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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

1411 N.W. 14th Avenue  
Miami FL 33125

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028046101**

Provider Name: **MCP 2nd Street**  
 Provider Number: 28046101  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028046101 - 2014/07</b>
<b>399.70</b>
<b>485.24</b>

**MCP 2nd Street**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.558	230.155	315.712	85.558	319.422	404.979
2. Inflate Line 1 by Inflation Factor 1.02200452	87.440	235.219	322.659	87.440	326.450	413.891
3. Line 1 x 1.400 x Inflation Factor 1.03080632	88.193	237.245	325.438	88.193	329.262	417.455
4. Current Period Cost	86.315	229.599	315.914	86.315	315.864	402.179
5. Incentive Basis (line 3 - line 4)	1.878	7.646		1.878	13.398	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.315	229.599	315.914	86.315	315.864	402.179
7. Incentive Line 5 x Oper 50% Res 50%	0.939	3.823	4.762	0.939	6.699	7.638
8. Incentive - Line 4 x Oper 10% Res 3%	8.632	6.888	15.519	8.632	9.476	18.107
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.939	3.823	4.762	0.939	6.699	7.638
10. Final Incentive	0.939	3.823	4.762	0.939	6.699	7.638
11. Current Period Base: (line 6 + line 10)	87.254	233.422	320.676	87.254	322.563	409.817
12. Plus: Property Rate Component			40.750			40.750
13. Plus: ROE/Use Rate			1.299			1.299
14. Total Current Period Base			362.725			451.866
15. Prospective Rate: Line 11 x Inflation (1.04251431)	90.964	243.346	334.310	90.964	336.277	427.240
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.964	243.346	334.310	90.964	336.277	427.240
19. Property Rate Component			40.750			40.750
20. ROE Component + ROE Interim Component			1.299			1.299
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>376.36</b>			<b>469.29</b>
23. Medicaid Days			0			8,440
24. Resident Days			0			8,440
25. Medicaid Utilization			NA			100.00%
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.96
29. Add-On (QAF less Rate Cut)			2.42			2.98
<b>30. Final Per Diem After Adjustments</b>			<b>399.70</b>			<b>485.24</b>





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

**028048801 - 2014/07**  
**RI:381.12 / NM:466.82**

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

Provider Number: 028048801  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>377.52</u>	<u>381.12</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>468.75</u>	<u>466.82</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 UCP Of Miami  
 \_\_\_\_\_  
 1411 N.W. 14th Avenue  
 \_\_\_\_\_  
 Miami FL 33125  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028048801**

Provider Name: **MCP Sunset**  
 Provider Number: 28048801  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028048801 - 2014/07</b>
<b>381.12</b>
<b>466.82</b>

**MCP Sunset**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	85.665	209.503	295.168	85.665	296.815	382.479
2. Inflate Line 1 by Inflation Factor 1.02200452	87.550	214.113	301.663	87.550	303.346	390.895
3. Line 1 x 1.400 x Inflation Factor 1.03080632	88.304	215.957	304.261	88.304	305.958	394.262
4. Current Period Cost	85.309	217.925	303.234	85.309	303.975	389.284
5. Incentive Basis (line 3 - line 4)	2.994	0.000	2.994	2.994	1.984	4.978
6. Allowed Current Period Costs (Min of line 3 or 4)	85.309	215.957	301.267	85.309	303.975	389.284
7. Incentive Line 5 x Oper 50% Res 50%	1.497	0.000	1.497	1.497	0.992	2.489
8. Incentive - Line 4 x Oper 10% Res 3%	8.531	0.000	8.531	8.531	9.119	17.650
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.497	0.000	1.497	1.497	0.992	2.489
10. Final Incentive	1.497	0.000	1.497	1.497	0.992	2.489
11. Current Period Base: (line 6 + line 10)	86.806	215.957	302.764	86.806	304.966	391.773
12. Plus: Property Rate Component			41.079			41.079
13. Plus: ROE/Use Rate			1.171			1.171
14. Total Current Period Base			345.013			434.022
15. Prospective Rate: Line 11 x Inflation (1.04251431)	90.497	225.139	315.636	90.497	317.932	408.429
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	90.497	225.139	315.636	90.497	317.932	408.429
19. Property Rate Component			41.079			41.079
20. ROE Component + ROE Interim Component			1.171			1.171
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>357.89</b>			<b>450.68</b>
23. Medicaid Days			0		8,760	
24. Resident Days			0		8,760	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.66
29. Add-On (QAF less Rate Cut)			2.30			2.87
<b>30. Final Per Diem After Adjustments</b>			<b>381.12</b>			<b>466.82</b>



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

**028049601 - 2014/07**  
**RI:328.00 / NM:438.18**

**DORCHESTER CLUSTER**  
 3201 Ginger Drive  
 Tallahassee FL 32308

Provider Number: 028049601  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>329.30</u>	<u>328.00</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>439.73</u>	<u>438.18</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028049601**

Provider Name: **DORCHESTER CLUSTER**  
 Provider Number: 28049601  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028049601 - 2014/07</b>
<b>328.00</b>
<b>438.18</b>

**DORCHESTER CLUSTER**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.098	201.019	272.118	71.098	304.603	375.701
2. Inflate Line 1 by Inflation Factor 1.02200452	72.663	205.443	278.106	72.663	311.305	383.968
3. Line 1 x 1.400 x Inflation Factor 1.03080632	73.289	207.212	280.501	73.289	313.986	387.275
4. Current Period Cost	76.086	228.221	304.306	76.086	350.285	426.371
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	73.289	207.212	280.501	73.289	313.986	387.275
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.289	207.212	280.501	73.289	313.986	387.275
12. Plus: Property Rate Component			17.142			17.142
13. Plus: ROE/Use Rate			0.865			0.865
14. Total Current Period Base			298.508			405.282
15. Prospective Rate: Line 11 x Inflation (1.04251431)	76.404	216.022	292.426	76.404	327.335	403.740
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.404	216.022	292.426	76.404	327.335	403.740
19. Property Rate Component			17.142			17.142
20. ROE Component + ROE Interim Component			0.865			0.865
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>310.43</b>			<b>421.75</b>
23. Medicaid Days		920			6,218	
24. Resident Days		920			6,218	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.38			7.19
29. Add-On (QAF less Rate Cut)			2.02			2.69
<b>30. Final Per Diem After Adjustments</b>			<b>328.00</b>			<b>438.18</b>



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

**028054200 - 2014/07**  
**RI:341.17**

**SUFFRIDGE DRIVE GROUP HOME**  
 27566 Suffridge Drive  
 Bonita Springs FL 34135

Provider Number: 028054200  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>342.49</u>	<u>341.17</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (8)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028054200**

Provider Name: **SUFFRIDGE DRIVE GROUP HOME**  
 Provider Number: 28054200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			133,494
B. Plant Operation			26,319
C. Laundry			500
D. Housekeeping			2,691
E. Operating Expense Component & Per Diem	74.4311	0.0000	163,004
3. Resident Care			
A. Dietary			25,230
B. Other			0
C. Nursing			47,416
D. Resident Care & Per Diem	33.1717	0.0000	72,646
4. Prop Exp & Per Diem	17.6963	0.0000	38,755
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	338,633.00		338,633.00
5. Direct Care Expense Per Diem	154.6269		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	48,531		48,531
3. Additional Services Exp & Per Diem	22.1603		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	74.4311		163,004
2. Resident Care Component	209.9589		459,810
3. Property Cost Component	17.6963		38,755
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>302.0863</b>		<b>661,569</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028054200 - 2014/07

341.17

0.00

**SUFFRIDGE DRIVE GROUP HOME**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.964	213.736	293.700			
2. Inflate Line 1 by Inflation Factor 1.02200452	81.724	218.439	300.163			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	82.427	220.320	302.748			
4. Current Period Cost	74.431	209.959	284.390			
5. Incentive Basis (line 3 - line 4)	7.996	10.361		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.431	209.959	284.390			
7. Incentive Line 5 x Oper 50% Res 50%	3.998	5.181	9.179	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.443	6.299	13.742	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.998	5.181	9.179	0.000	0.000	0.000
10. Final Incentive	3.998	5.181	9.179	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.429	215.140	293.569	0.000	0.000	0.000
12. Plus: Property Rate Component			17.696			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			311.265			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	81.764	224.286	306.050	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.764	224.286	306.050	0.000	0.000	0.000
19. Property Rate Component			17.696			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>323.75</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.60			0.00
29. Add-On (QAF less Rate Cut)			2.10			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>341.17</b>			<b>0.00</b>



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

**028056900 - 2014/07**  
**RI:305.24**

**ROSEWOOD GROUP HOME**  
 71 Rosewood Avenue  
 Ormand Beach FL 32174

Provider Number: 028056900  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.47</u>	<u>305.24</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (12)  
 Home Office:  
 Res-Care  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028056900**

Provider Name: **ROSEWOOD GROUP HOME**  
 Provider Number: 28056900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,096	0	2,096
2. Operating Expenses Component			
A. Administration			117,644
B. Plant Operation			31,533
C. Laundry			1,042
D. Housekeeping			3,704
E. Operating Expense Component & Per Diem	73.4365	0.0000	153,923
3. Resident Care			
A. Dietary			23,948
B. Other			0
C. Nursing			19,650
D. Resident Care & Per Diem	20.8006	0.0000	43,598
4. Prop Exp & Per Diem	17.6493	0.0000	36,993
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,572.00		1,572.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	209,162.00		209,162.00
5. Direct Care Expense Per Diem	99.7910		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,096		2,096
2. Additional Services	109,490		109,490
3. Additional Services Exp & Per Diem	52.2376		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	73.4365		153,923
2. Resident Care Component	172.8292		362,250
3. Property Cost Component	17.6493		36,993
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>263.9151</b>		<b>553,166</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028056900 - 2014/07</b>
<b>305.24</b>
<b>0.00</b>

**ROSEWOOD GROUP HOME**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	86.141	217.849	303.989			
2. Inflate Line 1 by Inflation Factor 1.02200452	88.036	222.642	310.679			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	88.794	224.560	313.354			
4. Current Period Cost	73.437	172.829	246.266			
5. Incentive Basis (line 3 - line 4)	15.358	51.731		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.437	172.829	246.266			
7. Incentive Line 5 x Oper 50% Res 50%	7.679	25.865	33.544	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.344	5.185	12.529	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.344	5.185	12.529	0.000	0.000	0.000
10. Final Incentive	7.344	5.185	12.529	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	80.780	178.014	258.794	0.000	0.000	0.000
12. Plus: Property Rate Component			17.649			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			276.444			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	84.215	185.582	269.797	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	84.215	185.582	269.797	0.000	0.000	0.000
19. Property Rate Component			17.649			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>287.45</b>			<b>0.00</b>
23. Medicaid Days		2,096				0
24. Resident Days		2,096				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.01			0.00
29. Add-On (QAF less Rate Cut)			1.88			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>305.24</b>			<b>0.00</b>



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

**028057700 - 2014/07**  
**RI:291.73**

**PLAZA OVAL GROUP HOME**  
 247 Plaza Oval  
 Casselberry FL 32707

Provider Number: 028057700  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>292.99</u>	<u>291.73</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
**Office of Medicaid Cost Reimbursement Planning and Finance**  
**ICF/IID Profile Sheet**  
 Rate Period(s) 04/2014 to 07/2014

**028057700**

Provider Name: **PLAZA OVAL GROUP HOME**  
 Provider Number: 28057700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,930	0	1,930
2. Operating Expenses Component			
A. Administration			119,250
B. Plant Operation			30,697
C. Laundry			478
D. Housekeeping			3,033
E. Operating Expense Component & Per Diem	79,5119	0.0000	153,458
3. Resident Care			
A. Dietary			21,975
B. Other			0
C. Nursing			18,680
D. Resident Care & Per Diem	21,0648	0.0000	40,655
4. Prop Exp & Per Diem	20,6860	0.0000	39,924
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,447.50		1,447.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	217,525.00		217,525.00
5. Direct Care Expense Per Diem	112.7073		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,930		1,930
2. Additional Services	90,732		90,732
3. Additional Services Exp & Per Diem	47,0114		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	79,5119		153,458
2. Resident Care Component	180,7834		348,912
3. Property Cost Component	20,6860		39,924
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>280.9813</b>		<b>542,294</b>



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Calculation Sheet  
Rates Effective 07/01/2014 through 06/30/2015

028057700 - 2014/07

291.73

0.00

**PLAZA OVAL GROUP HOME**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.222	159.310	235.532			
2. Inflate Line 1 by Inflation Factor 1.02200452	77.900	162.815	240.715			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	78.571	164.218	242.788			
4. Current Period Cost	79.512	180.783	260.295			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	78.571	164.218	242.788			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	78.571	164.218	242.788	0.000	0.000	0.000
12. Plus: Property Rate Component			20.686			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			263.474			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	81.911	171.199	253.110	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.911	171.199	253.110	0.000	0.000	0.000
19. Property Rate Component			20.686			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>273.80</b>			<b>0.00</b>
23. Medicaid Days		1,930			0	
24. Resident Days		1,930			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.79			0.00
29. Add-On (QAF less Rate Cut)			1.79			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>291.73</b>			<b>0.00</b>



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

**028059300 - 2014/07**  
**RI:244.39**

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

Provider Number: 028059300  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.42</u>	<u>244.39</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028059300**

Provider Name: **Sunrise 146th Place**  
 Provider Number: 28059300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			55,949
B. Plant Operation			25,469
C. Laundry			948
D. Housekeeping			526
E. Operating Expense Component & Per Diem	37.8502	0.0000	82,892
3. Resident Care			
A. Dietary			15,140
B. Other			48,599
C. Nursing			1,662
D. Resident Care & Per Diem	29.8635	0.0000	65,401
4. Prop Exp & Per Diem	13.2662	0.0000	29,053
5. ROE/Use Per Diem	0.0868	0.0000	190
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	256,500.00		256,500.00
5. Direct Care Expense Per Diem	117.1233		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	23,204		23,204
3. Additional Services Exp & Per Diem	10.5954		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	37.8502		82,892
2. Resident Care Component	157.5822		345,105
3. Property Cost Component	13.2662		29,053
4. ROE/Use Allow Component	0.0868		190
<b>5 Total Cost Per Diem</b>	<b>208.7854</b>		<b>457,240</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028059300 - 2014/07

244.39

0.00

**Sunrise 146th Place**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	44.954	162.715	207.669			
2. Inflate Line 1 by Inflation Factor 1.02200452	45.943	166.295	212.239			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	46.339	167.728	214.066			
4. Current Period Cost	37.850	157.582	195.432			
5. Incentive Basis (line 3 - line 4)	8.489	10.145		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.850	157.582	195.432			
7. Incentive Line 5 x Oper 50% Res 50%	4.244	5.073	9.317	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.785	4.727	8.512	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.785	4.727	8.512	0.000	0.000	0.000
10. Final Incentive	3.785	4.727	8.512	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.635	162.310	203.945	0.000	0.000	0.000
12. Plus: Property Rate Component			13.266			0.000
13. Plus: ROE/Use Rate			0.087			0.000
14. Total Current Period Base			217.298			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	43.405	169.210	212.615	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	43.405	169.210	212.615	0.000	0.000	0.000
19. Property Rate Component			13.266			0.000
20. ROE Component + ROE Interim Component			0.087			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>225.97</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.01			0.00
29. Add-On (QAF less Rate Cut)			1.50			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>244.39</b>			<b>0.00</b>



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

**028060700 - 2014/07**  
**RI:304.19 / NM:339.83**

**Walnut Street Group Home**  
 102 Alexander Road  
 Starke FL 32091

Provider Number: 028060700  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>305.37</u>	<u>304.19</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>341.09</u>	<u>339.83</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028060700

Provider Name: **Walnut Street Group Home**  
 Provider Number: 28060700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			125,441
B. Plant Operation			29,571
C. Laundry			621
D. Housekeeping			4,528
E. Operating Expense Component & Per Diem	73.1329	73.1329	160,161
3. Resident Care			
A. Dietary			24,210
B. Other			0
C. Nursing			24,464
D. Resident Care & Per Diem	22.2256	22.2256	48,674
4. Prop Exp & Per Diem	14.8315	14.8315	32,481
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	146,912.40	97,941.60	244,854.00
5. Direct Care Expense Per Diem	100.6249	134.1666	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	80,293	40,140	120,433
3. Additional Services Exp & Per Diem	54.9952	54.9863	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	73.1329	73.1329	160,161
2. Resident Care Component	177.8457	211.3784	413,961
3. Property Cost Component	14.8315	14.8315	32,481
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>265.8101</b>	<b>299.3428</b>	<b>606,603</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028060700 - 2014/07

304.19

339.83

**Walnut Street Group Home**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.018	185.797	264.815	79.018	220.732	299.750
2. Inflate Line 1 by Inflation Factor 1.02200452	80.757	189.885	270.642	80.757	225.589	306.346
3. Line 1 x 1.400 x Inflation Factor 1.03080632	81.452	191.521	272.973	81.452	227.532	308.984
4. Current Period Cost	73.133	177.846	250.979	73.133	211.378	284.511
5. Incentive Basis (line 3 - line 4)	8.319	13.675		8.319	16.154	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.133	177.846	250.979	73.133	211.378	284.511
7. Incentive Line 5 x Oper 50% Res 50%	4.160	6.837	10.997	4.160	8.077	12.237
8. Incentive - Line 4 x Oper 10% Res 3%	7.313	5.335	12.649	7.313	6.341	13.655
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.160	5.335	9.495	4.160	6.341	10.501
10. Final Incentive	4.160	5.335	9.495	4.160	6.341	10.501
11. Current Period Base: (line 6 + line 10)	77.293	183.181	260.474	77.293	217.720	295.012
12. Plus: Property Rate Component			14.832			14.832
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			275.305			309.844
15. Prospective Rate: Line 11 x Inflation (1.04251431)	80.579	190.969	271.547	80.579	226.976	307.555
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.579	190.969	271.547	80.579	226.976	307.555
19. Property Rate Component			14.832			14.832
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>286.38</b>			<b>322.39</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.99			5.58
29. Add-On (QAF less Rate Cut)			1.87			2.09
<b>30. Final Per Diem After Adjustments</b>			<b>304.19</b>			<b>339.83</b>



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

**028061500 - 2014/07**  
**RI:261.91 / NM:293.15**

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

Provider Number: 028061500  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>263.03</u>	<u>261.91</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>294.33</u>	<u>293.15</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis**

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028061500**

Provider Name: **Spring Street Group Home**  
 Provider Number: 28061500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,095	1,095	2,190
2. Operating Expenses Component			
A. Administration			122,542
B. Plant Operation			24,682
C. Laundry			1,014
D. Housekeeping			5,538
E. Operating Expense Component & Per Diem	70.2174	70.2174	153,776
3. Resident Care			
A. Dietary			21,474
B. Other			0
C. Nursing			21,467
D. Resident Care & Per Diem	19.6078	19.6078	42,941
4. Prop Exp & Per Diem	16.3927	16.3927	35,900
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	1,095.00	1,916.25
3. Staffing Percent	42.8571429	57.1428571	100.00
4. Allocation of Direct Care	96,574.29	128,765.71	225,340.00
5. Direct Care Expense Per Diem	88.1957	117.5943	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	37,068	37,064	74,132
3. Additional Services Exp & Per Diem	33.8521	33.8484	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	70.2174	70.2174	153,776
2. Resident Care Component	141.6555	171.0504	342,413
3. Property Cost Component	16.3927	16.3927	35,900
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>228.2656</b>	<b>257.6605</b>	<b>532,089</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028061500 - 2014/07</b>
<b>261.91</b>
<b>293.15</b>

**Spring Street Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.770	148.083	219.853	71.770	179.694	251.464
2. Inflate Line 1 by Inflation Factor 1.02200452	73.349	151.341	224.690	73.349	183.648	256.997
3. Line 1 x 1.400 x Inflation Factor 1.03080632	73.981	152.645	226.626	73.981	185.230	259.211
4. Current Period Cost	70.217	141.656	211.873	70.217	171.050	241.268
5. Incentive Basis (line 3 - line 4)	3.763	10.989	14.752	3.763	14.179	7.942
6. Allowed Current Period Costs (Min of line 3 or 4)	70.217	141.656	211.873	70.217	171.050	241.268
7. Incentive Line 5 x Oper 50% Res 50%	1.882	5.495	7.376	1.882	7.090	8.971
8. Incentive - Line 4 x Oper 10% Res 3%	7.022	4.250	11.271	7.022	5.132	12.153
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.882	4.250	6.131	1.882	5.132	7.013
10. Final Incentive	1.882	4.250	6.131	1.882	5.132	7.013
11. Current Period Base: (line 6 + line 10)	72.099	145.905	218.004	72.099	176.182	248.281
12. Plus: Property Rate Component			16.393			16.393
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			234.397			264.674
15. Prospective Rate: Line 11 x Inflation (1.04251431)	75.164	152.108	227.273	75.164	183.672	258.836
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.164	152.108	227.273	75.164	183.672	258.836
19. Property Rate Component			16.393			16.393
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>243.67</b>			<b>275.23</b>
23. Medicaid Days		1,095			1,095	
24. Resident Days		1,095			1,095	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.30			4.81
29. Add-On (QAF less Rate Cut)			1.61			1.80
<b>30. Final Per Diem After Adjustments</b>			<b>261.91</b>			<b>293.15</b>





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

**028062300 - 2014/07**  
**RI:238.40 / NM:276.23**

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

Provider Number: 028062300  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.47</u>	<u>238.40</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>277.38</u>	<u>276.23</u>	<u>7/1/2014</u>

**Rate Type:**

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

**Basis**

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

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

9040 Sunset Drive Suite 70-A  
Miami FL 33170

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028062300

Provider Name: **Sunrise 119th Street Group Home**  
 Provider Number: 28062300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,458	730	2,188
2. Operating Expenses Component			
A. Administration			57,597
B. Plant Operation			22,475
C. Laundry			711
D. Housekeeping			2,172
E. Operating Expense Component & Per Diem	37.9136	37.9136	82,955
3. Resident Care			
A. Dietary			16,385
B. Other			56,025
C. Nursing			9,172
D. Resident Care & Per Diem	37.2861	37.2861	81,582
4. Prop Exp & Per Diem	16.8067	16.8067	36,773
5. ROE/Use Per Diem	0.0032	0.0032	7
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,093.50	730.00	1,823.50
3. Staffing Percent	59.9670962	40.0329038	100.00
4. Allocation of Direct Care	155,650.00	103,909.00	259,559.00
5. Direct Care Expense Per Diem	106.7558	142.3411	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,458	730	2,188
2. Additional Services	6,738	3,374	10,112
3. Additional Services Exp & Per Diem	4.6214	4.6219	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	37.9136	37.9136	82,955
2. Resident Care Component	148.6633	184.2491	351,253
3. Property Cost Component	16.8067	16.8067	36,773
4. ROE/Use Allow Component	0.0032	0.0032	7
<b>5 Total Cost Per Diem</b>	<b>203.3868</b>	<b>238.9726</b>	<b>470,988</b>



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Calculation Sheet  
Rates Effective 07/01/2014 through 06/30/2015

028062300 - 2014/07

238.40

276.23

**Sunrise 119th Street Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	45.843	165.807	211.650	45.843	207.538	253.381
2. Inflate Line 1 by Inflation Factor 1.02200452	46.852	169.455	216.307	46.852	212.105	258.957
3. Line 1 x 1.400 x Inflation Factor 1.03080632	47.256	170.915	218.170	47.256	213.931	261.187
4. Current Period Cost	37.914	148.663	186.577	37.914	184.249	222.163
5. Incentive Basis (line 3 - line 4)	9.342	22.251		9.342	29.682	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.914	148.663	186.577	37.914	184.249	222.163
7. Incentive Line 5 x Oper 50% Res 50%	4.671	11.126	15.797	4.671	14.841	19.512
8. Incentive - Line 4 x Oper 10% Res 3%	3.791	4.460	8.251	3.791	5.527	9.319
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.791	4.460	8.251	3.791	5.527	9.319
10. Final Incentive	3.791	4.460	8.251	3.791	5.527	9.319
11. Current Period Base: (line 6 + line 10)	41.705	153.123	194.828	41.705	189.777	231.482
12. Plus: Property Rate Component			16.807			16.807
13. Plus: ROE/Use Rate			0.003			0.003
14. Total Current Period Base			211.638			248.291
15. Prospective Rate: Line 11 x Inflation (1.04251431)	43.478	159.633	203.111	43.478	197.845	241.323
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.478	159.633	203.111	43.478	197.845	241.323
19. Property Rate Component			16.807			16.807
20. ROE Component + ROE Interim Component			0.003			0.003
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>219.92</b>			<b>258.13</b>
23. Medicaid Days		1,458			730	
24. Resident Days		1,458			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.91			4.53
29. Add-On (QAF less Rate Cut)			1.47			1.70
<b>30. Final Per Diem After Adjustments</b>			<b>238.40</b>			<b>276.23</b>



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

**028063100 - 2014/07**  
**RI:278.60 / NM:310.77**

**Bessent Road Group Home**  
 1329 Bessent Road  
 Starke FL 32091

Provider Number: 028063100  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>279.69</u>	<u>278.60</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>311.92</u>	<u>310.77</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028063100**

Provider Name: **Bessent Road Group Home**  
 Provider Number: 28063100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			116,036
B. Plant Operation			23,981
C. Laundry			752
D. Housekeeping			4,031
E. Operating Expense Component & Per Diem	66.1187	66.1187	144,800
3. Resident Care			
A. Dietary			21,939
B. Other			0
C. Nursing			24,252
D. Resident Care & Per Diem	21.0918	21.0918	46,191
4. Prop Exp & Per Diem	11.1534	11.1534	24,426
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	165,626.05	44,166.95	209,793.00
5. Direct Care Expense Per Diem	90.7540	121.0053	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	92,472	18,499	110,971
3. Additional Services Exp & Per Diem	50.6696	50.6822	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	66.1187	66.1187	144,800
2. Resident Care Component	162.5154	192.7793	366,955
3. Property Cost Component	11.1534	11.1534	24,426
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>239.7875</b>	<b>270.0515</b>	<b>536,181</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028063100 - 2014/07

278.60

310.77

**Bessent Road Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.207	169.978	245.184	75.207	202.548	277.755
2. Inflate Line 1 by Inflation Factor 1.02200452	76.861	173.718	250.580	76.861	207.005	283.867
3. Line 1 x 1.400 x Inflation Factor 1.03080632	77.523	175.214	252.738	77.523	208.788	286.311
4. Current Period Cost	66.119	162.515	228.634	66.119	192.779	258.898
5. Incentive Basis (line 3 - line 4)	11.405	12.699		11.405	16.009	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.119	162.515	228.634	66.119	192.779	258.898
7. Incentive Line 5 x Oper 50% Res 50%	5.702	6.349	12.052	5.702	8.004	13.707
8. Incentive - Line 4 x Oper 10% Res 3%	6.612	4.875	11.487	6.612	5.783	12.395
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.702	4.875	10.578	5.702	5.783	11.486
10. Final Incentive	5.702	4.875	10.578	5.702	5.783	11.486
11. Current Period Base: (line 6 + line 10)	71.821	167.391	239.212	71.821	198.563	270.384
12. Plus: Property Rate Component			11.153			11.153
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			250.365			281.537
15. Prospective Rate: Line 11 x Inflation (1.04251431)	74.874	174.507	249.382	74.874	207.004	281.879
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	74.874	174.507	249.382	74.874	207.004	281.879
19. Property Rate Component			11.153			11.153
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>260.54</b>			<b>293.03</b>
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.57			5.10
29. Add-On (QAF less Rate Cut)			1.71			1.91
<b>30. Final Per Diem After Adjustments</b>			<b>278.60</b>			<b>310.77</b>



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

**028064000 - 2014/07**  
**RI:272.50 / NM:302.40**

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

Provider Number: 028064000  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>273.63</u>	<u>272.50</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>303.59</u>	<u>302.40</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028064000**

Provider Name: **19th Street Group Home**  
 Provider Number: 28064000  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			116,953
B. Plant Operation			31,048
C. Laundry			1,088
D. Housekeeping			3,825
E. Operating Expense Component & Per Diem	69.8237	69.8237	152,914
3. Resident Care			
A. Dietary			21,099
B. Other			0
C. Nursing			17,165
D. Resident Care & Per Diem	17.4721	17.4721	38,264
4. Prop Exp & Per Diem	15.3137	15.3137	33,537
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	123,253.80	82,169.20	205,423.00
5. Direct Care Expense Per Diem	84.4204	112.5605	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	72,168	36,079	108,247
3. Additional Services Exp & Per Diem	49.4301	49.4233	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	69.8237	69.8237	152,914
2. Resident Care Component	151.3227	179.4560	351,934
3. Property Cost Component	15.3137	15.3137	33,537
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>236.4601</b>	<b>264.5934</b>	<b>538,385</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028064000 - 2014/07

272.50

302.40

**19th Street Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	74.760	157.862	232.622	74.760	187.281	262.041
2. Inflate Line 1 by Inflation Factor 1.02200452	76.405	161.335	237.740	76.405	191.402	267.807
3. Line 1 x 1.400 x Inflation Factor 1.03080632	77.063	162.725	239.788	77.063	193.050	270.113
4. Current Period Cost	69.824	151.323	221.146	69.824	179.456	249.280
5. Incentive Basis (line 3 - line 4)	7.239	11.402		7.239	13.594	
6. Allowed Current Period Costs (Min of line 3 or 4)	69.824	151.323	221.146	69.824	179.456	249.280
7. Incentive Line 5 x Oper 50% Res 50%	3.620	5.701	9.321	3.620	6.797	10.417
8. Incentive - Line 4 x Oper 10% Res 3%	6.982	4.540	11.522	6.982	5.384	12.366
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.620	4.540	8.159	3.620	5.384	9.003
10. Final Incentive	3.620	4.540	8.159	3.620	5.384	9.003
11. Current Period Base: (line 6 + line 10)	73.443	155.862	229.306	73.443	184.840	258.283
12. Plus: Property Rate Component			15.314			15.314
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			244.619			273.597
15. Prospective Rate: Line 11 x Inflation (1.04251431)	76.566	162.489	239.055	76.566	192.698	269.264
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.566	162.489	239.055	76.566	192.698	269.264
19. Property Rate Component			15.314			15.314
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>254.37</b>			<b>284.58</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.47			4.96
29. Add-On (QAF less Rate Cut)			1.67			1.86
<b>30. Final Per Diem After Adjustments</b>			<b>272.50</b>			<b>302.40</b>



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

**028065800 - 2014/07**  
**RI:245.75**

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

Provider Number: 028065800  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>246.77</u>	<u>245.75</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028065800**

Provider Name: **Sunrise 22nd Street Home**  
 Provider Number: **28065800**  
 Audit Status: **Unaudited [3]**  
 Date: **6/27/2014**

Cost Report Entered by: **Kerns, Jonathon**  
 Rate Semester: **July, 2014**  
 Cost Report: **07/01/2012 - 06/30/2013**  
 Days In Reporting Period: **365**  
 Number of Beds: **6**

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,088	0	2,088
2. Operating Expenses Component			
A. Administration			58,787
B. Plant Operation			29,765
C. Laundry			1,483
D. Housekeeping			3,814
E. Operating Expense Component & Per Diem	44.9468	0.0000	93,849
3. Resident Care			
A. Dietary			15,497
B. Other			49,641
C. Nursing			214
D. Resident Care & Per Diem	31.2989	0.0000	65,352
4. Prop Exp & Per Diem	11.6772	0.0000	24,382
5. ROE/Use Per Diem	0.1485	0.0000	310
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,566.00		1,566.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,566.00		234,566.00
5. Direct Care Expense Per Diem	112.3400		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,088		2,088
2. Additional Services	19,026		19,026
3. Additional Services Exp & Per Diem	9.1121		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	44.9468		93,849
2. Resident Care Component	152.7510		318,944
3. Property Cost Component	11.6772		24,382
4. ROE/Use Allow Component	0.1485		310
<b>5 Total Cost Per Diem</b>	<b>209.5235</b>		<b>437,485</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028065800 - 2014/07
245.75
0.00

**Sunrise 22nd Street Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	52.228	159.802	212.029			
2. Inflate Line 1 by Inflation Factor 1.02200452	53.377	163.318	216.695			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	53.837	164.725	218.561			
4. Current Period Cost	44.947	152.751	197.698			
5. Incentive Basis (line 3 - line 4)	8.890	11.974		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	44.947	152.751	197.698			
7. Incentive Line 5 x Oper 50% Res 50%	4.445	5.987	10.432	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.495	4.583	9.077	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.445	4.583	9.027	0.000	0.000	0.000
10. Final Incentive	4.445	4.583	9.027	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.392	157.333	206.725	0.000	0.000	0.000
12. Plus: Property Rate Component			11.677			0.000
13. Plus: ROE/Use Rate			0.148			0.000
14. Total Current Period Base			218.551			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	51.492	164.022	215.514	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	51.492	164.022	215.514	0.000	0.000	0.000
19. Property Rate Component			11.677			0.000
20. ROE Component + ROE Interim Component			0.148			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>227.34</b>			<b>0.00</b>
23. Medicaid Days		2,088			0	
24. Resident Days		2,088			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.03			0.00
29. Add-On (QAF less Rate Cut)			1.51			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>245.75</b>			<b>0.00</b>



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

**028066600 - 2014/07**  
**RI:300.64**

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

Provider Number: 028066600  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>301.82</u>	<u>300.64</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028066600**

Provider Name: **High Desert Court Group Home**  
 Provider Number: 28066600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,025	0	2,025
2. Operating Expenses Component			
A. Administration			113,337
B. Plant Operation			31,818
C. Laundry			994
D. Housekeeping			2,123
E. Operating Expense Component & Per Diem	73.2207	0.0000	148,272
3. Resident Care			
A. Dietary			16,883
B. Other			0
C. Nursing			39,175
D. Resident Care & Per Diem	27.6830	0.0000	56,058
4. Prop Exp & Per Diem	14.6123	0.0000	29,590
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,518.75		1,518.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	204,416.00		204,416.00
5. Direct Care Expense Per Diem	100.9462		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,025		2,025
2. Additional Services	105,280		105,280
3. Additional Services Exp & Per Diem	51.9901		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	73.2207		148,272
2. Resident Care Component	180.6193		365,754
3. Property Cost Component	14.6123		29,590
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>268.4523</b>		<b>543,616</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028066600 - 2014/07**

**300.64**

**0.00**

**High Desert Court Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.149	175.712	252.860			
2. Inflate Line 1 by Inflation Factor 1.02200452	78.846	179.578	258.424			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	79.525	181.125	260.650			
4. Current Period Cost	73.221	180.619	253.840			
5. Incentive Basis (line 3 - line 4)	6.304	0.505		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	73.221	180.619	253.840			
7. Incentive Line 5 x Oper 50% Res 50%	3.152	0.253	3.405	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	7.322	5.419	12.741	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.152	0.253	3.405	0.000	0.000	0.000
10. Final Incentive	3.152	0.253	3.405	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	76.373	180.872	257.245	0.000	0.000	0.000
12. Plus: Property Rate Component			14.612			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			271.857			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	79.620	188.562	268.182	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	79.620	188.562	268.182	0.000	0.000	0.000
19. Property Rate Component			14.612			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>282.79</b>			<b>0.00</b>
23. Medicaid Days		2,025			0	
24. Resident Days		2,025			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.93			0.00
29. Add-On (QAF less Rate Cut)			1.85			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>300.64</b>			<b>0.00</b>



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

**028067400 - 2014/07**  
**RI:290.13 / NM:326.39**

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

Provider Number: 028067400  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>291.27</u>	<u>290.13</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>327.60</u>	<u>326.39</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028067400

Provider Name: **Frederick Avenue Group Home**  
 Provider Number: 28067400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses Component			
A. Administration			121,739
B. Plant Operation			32,790
C. Laundry			1,094
D. Housekeeping			3,320
E. Operating Expense Component & Per Diem	72.5767	72.5767	158,943
3. Resident Care			
A. Dietary			23,177
B. Other			0
C. Nursing			18,183
D. Resident Care & Per Diem	18.8858	18.8858	41,360
4. Prop Exp & Per Diem	12.6521	12.6521	27,708
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	78.9473684	21.0526316	100.00
4. Allocation of Direct Care	187,916.84	50,111.16	238,028.00
5. Direct Care Expense Per Diem	102.9681	137.2908	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	85,978	17,200	103,178
3. Additional Services Exp & Per Diem	47.1112	47.1233	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	72.5767	72.5767	158,943
2. Resident Care Component	168.9652	203.3000	382,566
3. Property Cost Component	12.6521	12.6521	27,708
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>254.1940</b>	<b>288.5287</b>	<b>569,217</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028067400 - 2014/07</b>
<b>290.13</b>
<b>326.39</b>

**Frederick Avenue Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	75.176	173.509	248.685	75.176	208.371	283.546
2. Inflate Line 1 by Inflation Factor 1.02200452	76.830	177.327	254.157	76.830	212.956	289.786
3. Line 1 x 1.400 x Inflation Factor 1.03080632	77.492	178.854	256.346	77.492	214.790	292.281
4. Current Period Cost	72.577	168.965	241.542	72.577	203.300	275.877
5. Incentive Basis (line 3 - line 4)	4.915	9.889	4.974	4.915	11.490	6.575
6. Allowed Current Period Costs (Min of line 3 or 4)	72.577	168.965	241.542	72.577	203.300	275.877
7. Incentive Line 5 x Oper 50% Res 50%	2.457	4.945	7.402	2.457	5.745	8.202
8. Incentive - Line 4 x Oper 10% Res 3%	7.258	5.069	12.327	7.258	6.099	13.357
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.457	4.945	7.402	2.457	5.745	8.202
10. Final Incentive	2.457	4.945	7.402	2.457	5.745	8.202
11. Current Period Base: (line 6 + line 10)	75.034	173.910	248.944	75.034	209.045	284.079
12. Plus: Property Rate Component			12.652			12.652
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			261.596			296.731
15. Prospective Rate: Line 11 x Inflation (1.04251431)	78.224	181.303	259.528	78.224	217.932	296.156
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.224	181.303	259.528	78.224	217.932	296.156
19. Property Rate Component			12.652			12.652
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>272.18</b>			<b>308.81</b>
23. Medicaid Days		1,825			365	
24. Resident Days		1,825			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.76			5.36
29. Add-On (QAF less Rate Cut)			1.78			2.01
<b>30. Final Per Diem After Adjustments</b>			<b>290.13</b>			<b>326.39</b>



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

**028069100 - 2014/07**  
**RI:311.07**

**Claudia Drive Group Home**  
 140 Claudia Drive  
 Jacksonville FL 32218

Provider Number: 028069100  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.27</u>	<u>311.07</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Res-Care  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028069100**

Provider Name: **Claudia Drive Group Home**  
 Provider Number: 28069100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			118,056
B. Plant Operation			30,724
C. Laundry			727
D. Housekeeping			2,896
E. Operating Expense Component & Per Diem	69.5904	0.0000	152,403
3. Resident Care			
A. Dietary			21,237
B. Other			0
C. Nursing			39,239
D. Resident Care & Per Diem	27.6146	0.0000	60,476
4. Prop Exp & Per Diem	14.7963	0.0000	32,404
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	234,835.00		234,835.00
5. Direct Care Expense Per Diem	107.2306		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	112,156		112,156
3. Additional Services Exp & Per Diem	51.2128		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	69.5904		152,403
2. Resident Care Component	186.0580		407,467
3. Property Cost Component	14.7963		32,404
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>270.4447</b>		<b>592,274</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028069100 - 2014/07
311.07
0.00

**Claudia Drive Group Home**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.049	201.777	280.826			
2. Inflate Line 1 by Inflation Factor 1.02200452	80.788	206.217	287.005			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	81.484	207.993	289.477			
4. Current Period Cost	69.590	186.058	255.648			
5. Incentive Basis (line 3 - line 4)	11.894	21.935	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	69.590	186.058	255.648			
7. Incentive Line 5 x Oper 50% Res 50%	5.947	10.967	16.914	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.959	5.582	12.541	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.947	5.582	11.529	0.000	0.000	0.000
10. Final Incentive	5.947	5.582	11.529	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	75.537	191.640	267.177	0.000	0.000	0.000
12. Plus: Property Rate Component			14.796			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			281.973			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	78.749	199.787	278.536	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.749	199.787	278.536	0.000	0.000	0.000
19. Property Rate Component			14.796			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>293.33</b>			<b>0.00</b>
23. Medicaid Days		2,190			0	
24. Resident Days		2,190			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.11			0.00
29. Add-On (QAF less Rate Cut)			1.91			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>311.07</b>			<b>0.00</b>



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

**028427100 - 2014/07**  
**RI:252.57 / NM:325.95**

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

Provider Number: 028427100  
 Date: 6/27/2014  
 FYE: 2/28/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>253.81</u>	<u>252.57</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>327.35</u>	<u>325.95</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 Progressive Healthcare Providers  
 \_\_\_\_\_  
 230 Fern Park Boulevard  
 \_\_\_\_\_  
 Fern Park Fl 32730  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

028427100

Provider Name: **Fern Park, LLC/PHP**  
 Provider Number: 28427100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028427100 - 2014/07

252.57

325.95

**Fern Park, LLC/PHP**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.525	135.663	196.188	60.525	204.700	265.225
2. Inflate Line 1 by Inflation Factor 1.02187126	61.849	138.630	200.479	61.849	209.177	271.026
3. Line 1 x 1.400 x Inflation Factor 1.03061977	62.378	139.817	202.195	62.378	210.968	273.346
4. Current Period Cost	59.086	136.746	195.832	59.086	206.777	265.863
5. Incentive Basis (line 3 - line 4)	3.292	3.071		3.292	4.191	
6. Allowed Current Period Costs (Min of line 3 or 4)	59.086	136.746	195.832	59.086	206.777	265.863
7. Incentive Line 5 x Oper 50% Res 50%	1.646	1.536	3.182	1.646	2.095	3.741
8. Incentive - Line 4 x Oper 10% Res 3%	5.909	4.102	10.011	5.909	6.203	12.112
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.646	1.536	3.182	1.646	2.095	3.741
10. Final Incentive	1.646	1.536	3.182	1.646	2.095	3.741
11. Current Period Base: (line 6 + line 10)	60.732	138.281	199.013	60.732	208.873	269.605
12. Plus: Property Rate Component			24.926			24.926
13. Plus: ROE/Use Rate			0.321			0.321
14. Total Current Period Base			224.260			294.851
15. Prospective Rate: Line 11 x Inflation (1.05013496)	63.777	145.214	208.991	63.777	219.345	283.121
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.777	145.214	208.991	63.777	219.345	283.121
19. Property Rate Component			24.926			24.926
20. ROE Component + ROE Interim Component			0.321			0.321
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>234.24</b>			<b>308.37</b>
23. Medicaid Days		4,832			18,251	
24. Resident Days		4,832			18,251	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.15			5.35
29. Add-On (QAF less Rate Cut)			1.55			2.00
<b>30. Final Per Diem After Adjustments</b>			<b>252.57</b>			<b>325.95</b>





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

**028500500 - 2014/07**  
**RI:207.07**

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

Provider Number: 028500500  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>207.96</u>	<u>207.07</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

9040 Sunset Drive Suite 70-A  
Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028500500**

Provider Name: **SUNRISE #2 NARANJA**  
 Provider Number: 28500500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
**ICF/IID Calculation Sheet**  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028500500 - 2014/07</b>
<b>207.07</b>
<b>0.00</b>

**SUNRISE #2 NARANJA**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	37.795	133.221	171.016			
2. Inflate Line 1 by Inflation Factor 1.02200452	38.627	136.152	174.779			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	38.959	137.325	176.284			
4. Current Period Cost	35.950	133.196	169.146			
5. Incentive Basis (line 3 - line 4)	3.009	4.129	7.138	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	35.950	133.196	169.146			
7. Incentive Line 5 x Oper 50% Res 50%	1.505	2.065	3.569	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.595	3.996	7.591	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.505	2.065	3.569	0.000	0.000	0.000
10. Final Incentive	1.505	2.065	3.569	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.455	135.260	172.715	0.000	0.000	0.000
12. Plus: Property Rate Component			7.684			0.000
13. Plus: ROE/Use Rate			0.521			0.000
14. Total Current Period Base			180.920			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	39.047	141.011	180.058	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.047	141.011	180.058	0.000	0.000	0.000
19. Property Rate Component			7.684			0.000
20. ROE Component + ROE Interim Component			0.521			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>188.26</b>			<b>0.00</b>
23. Medicaid Days		4,371			0	
24. Resident Days		4,371			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.40			0.00
29. Add-On (QAF less Rate Cut)			1.27			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>207.07</b>			<b>0.00</b>



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

**028501300 - 2014/07**  
**RI:303.66 / NM:381.47**

**SUNRISE MAIN FACILITY**  
 22300 SW 162nd Avenue  
 Miami FL 33170

Provider Number: 028501300  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.84</u>	<u>303.66</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>382.83</u>	<u>381.47</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (11)  
 Home Office:

Sunrise Community

9040 Sunset Drive Suite 70-A  
 Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028501300**

Provider Name: **SUNRISE MAIN FACILITY**  
 Provider Number: 28501300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028501300 - 2014/07</b>
<b>303.66</b>
<b>381.47</b>

**SUNRISE MAIN FACILITY**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	63.983	189.943	253.927	63.983	263.097	327.080
2. Inflate Line 1 by Inflation Factor 1.02200452	65.391	194.123	259.514	65.391	268.886	334.277
3. Line 1 x 1.400 x Inflation Factor 1.03080632	65.954	195.795	261.749	65.954	271.202	337.156
4. Current Period Cost	70.076	197.126	267.202	70.076	274.211	344.287
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	65.954	195.795	261.749	65.954	271.202	337.156
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	65.954	195.795	261.749	65.954	271.202	337.156
12. Plus: Property Rate Component			12.162			12.162
13. Plus: ROE/Use Rate			0.808			0.808
14. Total Current Period Base			274.719			350.126
15. Prospective Rate: Line 11 x Inflation (1.04251431)	68.758	204.119	272.877	68.758	282.732	351.490
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.758	204.119	272.877	68.758	282.732	351.490
19. Property Rate Component			12.162			12.162
20. ROE Component + ROE Interim Component			0.808			0.808
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>285.85</b>			<b>364.46</b>
23. Medicaid Days		25,962			16,365	
24. Resident Days		25,962			16,365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.98			6.26
29. Add-On (QAF less Rate Cut)			1.87			2.34
<b>30. Final Per Diem After Adjustments</b>			<b>303.66</b>			<b>381.47</b>



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

**028505600 - 2014/07**  
**RI:293.67 / NM:444.67**

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

Provider Number: 028505600  
 Date: 6/27/2014  
 FYE: 9/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>294.79</u>	<u>293.67</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>446.15</u>	<u>444.67</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028505600**

Provider Name: **PARC COTTAGE**  
 Provider Number: 28505600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028505600 - 2014/07

293.67

444.67

**PARC COTTAGE**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	65.481	189.085	254.566	65.481	331.800	397.281
2. Inflate Line 1 by Inflation Factor 1.02151002	66.890	193.152	260.042	66.890	338.937	405.826
3. Line 1 x 1.400 x Inflation Factor 1.03011403	67.453	194.779	262.232	67.453	341.792	409.245
4. Current Period Cost	56.906	205.614	262.520	56.906	373.475	430.381
5. Incentive Basis (line 3 - line 4)	10.547	0.000		10.547	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.906	194.779	251.685	56.906	341.792	398.697
7. Incentive Line 5 x Oper 50% Res 50%	5.274	0.000	5.274	5.274	0.000	5.274
8. Incentive - Line 4 x Oper 10% Res 3%	5.691	0.000	5.691	5.691	0.000	5.691
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.274	0.000	5.274	5.274	0.000	5.274
10. Final Incentive	5.274	0.000	5.274	5.274	0.000	5.274
11. Current Period Base: (line 6 + line 10)	62.179	194.779	256.958	62.179	341.792	403.971
12. Plus: Property Rate Component			8.377			8.377
13. Plus: ROE/Use Rate			0.742			0.742
14. Total Current Period Base			266.077			413.090
15. Prospective Rate: Line 11 x Inflation (1.03766811)	64.521	202.116	266.638	64.521	354.666	419.188
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.521	202.116	266.638	64.521	354.666	419.188
19. Property Rate Component			8.377			8.377
20. ROE Component + ROE Interim Component			0.742			0.742
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>275.76</b>			<b>428.31</b>
23. Medicaid Days		3,650			2,190	
24. Resident Days		3,650			2,190	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.82			7.30
29. Add-On (QAF less Rate Cut)			1.80			2.73
<b>30. Final Per Diem After Adjustments</b>			<b>293.67</b>			<b>444.67</b>



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

**028512900 - 2014/07**  
**RI:267.17**

**MACTown, Inc.**  
 6250 N.E. First Place  
 Miami FL 33138

Provider Number: 028512900  
 Date: 6/27/2014  
 FYE: 9/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>268.27</u>	<u>267.17</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028512900

Provider Name: **MACtown, Inc.**  
 Provider Number: 28512900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Calculation Sheet  
Rates Effective 07/01/2014 through 06/30/2015

028512900 - 2014/07

267.17

0.00

**MACtown, Inc.**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	34.266	187.633	221.899			
2. Inflate Line 1 by Inflation Factor 1.02151002	35.004	191.669	226.672			
3. Line 1 x 1.400 x Inflation Factor 1.03011403	35.298	193.283	228.581			
4. Current Period Cost	38.944	188.172	227.116			
5. Incentive Basis (line 3 - line 4)	0.000	5.111		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	35.298	188.172	223.470			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.556	2.556	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.645	5.645	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.556	2.556	0.000	0.000	0.000
10. Final Incentive	0.000	2.556	2.556	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	35.298	190.727	226.026	0.000	0.000	0.000
12. Plus: Property Rate Component			14.229			0.000
13. Plus: ROE/Use Rate			0.215			0.000
14. Total Current Period Base			240.470			0.000
15. Prospective Rate: Line 11 x Inflation (1.03766811)	36.628	197.912	234.540	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	36.628	197.912	234.540	0.000	0.000	0.000
19. Property Rate Component			14.229			0.000
20. ROE Component + ROE Interim Component			0.215			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>248.98</b>			<b>0.00</b>
23. Medicaid Days		20,063			0	
24. Resident Days		20,063			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.39			0.00
29. Add-On (QAF less Rate Cut)			1.64			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>267.17</b>			<b>0.00</b>



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

**028513700 - 2014/07**  
**RI:283.44 / NM:332.51**

**New Horizons of NW Florida, Inc.**  
 10050 Hillview Road  
 Pensacola FL 32514

Provider Number: 028513700  
 Date: 6/27/2014  
 FYE: 9/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>284.46</u>	<u>283.44</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>333.63</u>	<u>332.51</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028513700**

Provider Name: **New Horizons of NW Florida, Inc.**  
 Provider Number: 28513700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,922	8,631	10,553
2. Operating Expenses Component			
A. Administration			703,082
B. Plant Operation			182,245
C. Laundry			44,989
D. Housekeeping			65,292
E. Operating Expense Component & Per Diem	94.3436	94.3436	995,608
3. Resident Care			
A. Dietary			257,815
B. Other			59,937
C. Nursing			504,306
D. Resident Care & Per Diem	77.8980	77.8980	822,058
4. Prop Exp & Per Diem	3.6736	3.6736	38,767
5. ROE/Use Per Diem	1.1753	1.1753	12,403
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	961.00	8,631.00	9,592.00
3. Staffing Percent	10.0187656	89.9812344	100.00
4. Allocation of Direct Care	109,043.54	979,349.46	1,088,393.00
5. Direct Care Expense Per Diem	56.7344	113.4688	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,922	8,631	10,553
2. Additional Services	62,779	176,857	239,636
3. Additional Services Exp & Per Diem	32.6634	20.4909	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	94.3436	94.3436	995,608
2. Resident Care Component	167.2958	211.8578	2,150,087
3. Property Cost Component	3.6736	3.6736	38,767
4. ROE/Use Allow Component	1.1753	1.1753	12,403
<b>5 Total Cost Per Diem</b>	<b>266.4883</b>	<b>311.0502</b>	<b>3,196,865</b>



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028513700 - 2014/07**

**283.44**

**332.51**

**New Horizons of NW Florida, Inc.**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.110	166.926	246.036	79.110	216.412	295.522
2. Inflate Line 1 by Inflation Factor 1.02151002	80.812	170.516	251.328	80.812	221.067	301.878
3. Line 1 x 1.400 x Inflation Factor 1.03011403	81.492	171.953	253.445	81.492	222.929	304.421
4. Current Period Cost	94.344	167.296	261.639	94.344	211.858	306.201
5. Incentive Basis (line 3 - line 4)	0.000	4.657		0.000	11.071	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.492	167.296	248.788	81.492	211.858	293.350
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.328	2.328	0.000	5.535	5.535
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.019	5.019	0.000	6.356	6.356
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.328	2.328	0.000	5.535	5.535
10. Final Incentive	0.000	2.328	2.328	0.000	5.535	5.535
11. Current Period Base: (line 6 + line 10)	81.492	169.624	251.117	81.492	217.393	298.886
12. Plus: Property Rate Component			3.674			3.674
13. Plus: ROE/Use Rate			1.175			1.175
14. Total Current Period Base			255.965			303.734
15. Prospective Rate: Line 11 x Inflation (1.03766811)	84.562	176.014	260.576	84.562	225.582	310.144
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	84.562	176.014	260.576	84.562	225.582	310.144
19. Property Rate Component			3.674			3.674
20. ROE Component + ROE Interim Component			1.175			1.175
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>265.42</b>			<b>314.99</b>
23. Medicaid Days		1,922			8,631	
24. Resident Days		1,922			8,631	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.65			5.46
29. Add-On (QAF less Rate Cut)			1.74			2.04
<b>30. Final Per Diem After Adjustments</b>			<b>283.44</b>			<b>332.51</b>



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

**028519600 - 2014/07**  
**RI:333.48**

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

Provider Number: 028519600  
 Date: 6/27/2014  
 FYE: 9/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>334.78</u>	<u>333.48</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:

\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028519600**

Provider Name: **BARC Housing, Inc.**  
 Provider Number: 28519600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028519600 - 2014/07
333.48
0.00

**BARC Housing, Inc.**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	91.816	189.543	281.359			
2. Inflate Line 1 by Inflation Factor 1.02151002	93.791	193.620	287.411			
3. Line 1 x 1.400 x Inflation Factor 1.03011403	94.581	195.251	289.832			
4. Current Period Cost	92.174	208.108	300.281			
5. Incentive Basis (line 3 - line 4)	2.407	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	92.174	195.251	287.425			
7. Incentive Line 5 x Oper 50% Res 50%	1.204	0.000	1.204	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.217	0.000	9.217	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.204	0.000	1.204	0.000	0.000	0.000
10. Final Incentive	1.204	0.000	1.204	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	93.377	195.251	288.629	0.000	0.000	0.000
12. Plus: Property Rate Component			16.212			0.000
13. Plus: ROE/Use Rate			0.258			0.000
14. Total Current Period Base			305.098			0.000
15. Prospective Rate: Line 11 x Inflation (1.03766811)	96.895	202.606	299.501	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	96.895	202.606	299.501	0.000	0.000	0.000
19. Property Rate Component			16.212			0.000
20. ROE Component + ROE Interim Component			0.258			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>315.97</b>			<b>0.00</b>
23. Medicaid Days		12,895			0	
24. Resident Days		12,895			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.47			0.00
29. Add-On (QAF less Rate Cut)			2.05			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>333.48</b>			<b>0.00</b>



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

**028520000 - 2014/07**  
**RI:228.74 / NM:310.03**

**PENSACOLA DEV CTR**  
 One Villa Drive  
 Pensacola FL 32506

Provider Number: 028520000  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>229.79</u>	<u>228.74</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>311.25</u>	<u>310.03</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive  
Collierville TN 38017

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028520000**

Provider Name: **PENSACOLA DEV CTR**  
 Provider Number: 28520000  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028520000 - 2014/07

228.74

310.03

**PENSACOLA DEV CTR**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	50.804	131.044	181.847	50.804	208.093	258.896
2. Inflate Line 1 by Inflation Factor 1.02193755	51.918	133.918	185.837	51.918	212.658	264.576
3. Line 1 x 1.400 x Inflation Factor 1.03071257	52.364	135.068	187.432	52.364	214.484	266.848
4. Current Period Cost	53.405	132.912	186.317	53.405	210.764	264.169
5. Incentive Basis (line 3 - line 4)	0.000	2.157		0.000	3.720	
6. Allowed Current Period Costs (Min of line 3 or 4)	52.364	132.912	185.276	52.364	210.764	263.128
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.078	1.078	0.000	1.860	1.860
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	3.987	3.987	0.000	6.323	6.323
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.078	1.078	0.000	1.860	1.860
10. Final Incentive	0.000	1.078	1.078	0.000	1.860	1.860
11. Current Period Base: (line 6 + line 10)	52.364	133.990	186.354	52.364	212.624	264.988
12. Plus: Property Rate Component			14.798			14.798
13. Plus: ROE/Use Rate			0.737			0.737
14. Total Current Period Base			201.889			280.523
15. Prospective Rate: Line 11 x Inflation (1.04436885)	54.687	139.935	194.622	54.687	222.058	276.745
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.687	139.935	194.622	54.687	222.058	276.745
19. Property Rate Component			14.798			14.798
20. ROE Component + ROE Interim Component			0.737			0.737
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>210.16</b>			<b>292.28</b>
23. Medicaid Days		10,490			12,263	
24. Resident Days		10,490			12,263	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.75			5.09
29. Add-On (QAF less Rate Cut)			1.41			1.91
<b>30. Final Per Diem After Adjustments</b>			<b>228.74</b>			<b>310.03</b>



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

**028521800 - 2014/07**  
**RI:318.05 / NM:396.96**

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

Provider Number: 028521800  
 Date: 6/27/2014  
 FYE: 9/30/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>319.24</u>	<u>318.05</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>398.32</u>	<u>396.96</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:

ANN STORCK CENTER  
1790 S.W. 43RD WAY  
FT. LAUDERDALE FL 33317

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2013 to 07/2014

**028521800**

Provider Name: **ANN STORCK CENTER**  
 Provider Number: 28521800  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028521800 - 2014/07

318.05

396.96

**ANN STORCK CENTER**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.844	194.776	267.619	72.844	270.089	342.933
2. Inflate Line 1 by Inflation Factor 1.02228283	74.467	199.116	273.583	74.467	276.108	350.574
3. Line 1 x 1.400 x Inflation Factor 1.03119596	75.116	200.852	275.968	75.116	278.515	353.631
4. Current Period Cost	83.178	194.091	277.269	83.178	266.846	350.024
5. Incentive Basis (line 3 - line 4)	0.000	6.761	6.761	0.000	11.669	11.669
6. Allowed Current Period Costs (Min of line 3 or 4)	75.116	194.091	269.207	75.116	266.846	341.962
7. Incentive Line 5 x Oper 50% Res 50%	0.000	3.380	3.380	0.000	5.834	5.834
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.823	5.823	0.000	8.005	8.005
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.380	3.380	0.000	5.834	5.834
10. Final Incentive	0.000	3.380	3.380	0.000	5.834	5.834
11. Current Period Base: (line 6 + line 10)	75.116	197.472	272.588	75.116	272.680	347.797
12. Plus: Property Rate Component			11.444			11.444
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			284.032			359.241
15. Prospective Rate: Line 11 x Inflation (1.05998838)	79.622	209.318	288.940	79.622	289.038	368.660
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	79.622	209.318	288.940	79.622	289.038	368.660
19. Property Rate Component			11.444			11.444
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>300.38</b>			<b>380.10</b>
23. Medicaid Days			366			17,036
24. Resident Days			366			17,036
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.22			6.52
29. Add-On (QAF less Rate Cut)			1.95			2.44
<b>30. Final Per Diem After Adjustments</b>			<b>318.05</b>			<b>396.96</b>





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

**028522600 - 2014/07**  
**RI:241.44 / NM:320.63**

**Tallahassee Developmental**  
 455 Appleyard Drive  
 Tallahassee FL 32304

Provider Number: 028522600  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>242.49</u>	<u>241.44</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>321.86</u>	<u>320.63</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 DDMS  
 \_\_\_\_\_  
 468 Halle Park Drive  
 \_\_\_\_\_  
 Collierville TN 38017  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**028522600**

Provider Name: **Tallahassee Developmental**  
 Provider Number: 28522600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028522600 - 2014/07</b>
<b>241.44</b>
<b>320.63</b>

**Tallahassee Developmental**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.940	140.671	194.611	53.940	214.992	268.932
2. Inflate Line 1 by Inflation Factor 1.02193755	55.123	143.757	198.880	55.123	219.709	274.832
3. Line 1 x 1.400 x Inflation Factor 1.03071257	55.596	144.991	200.588	55.596	221.595	277.191
4. Current Period Cost	60.315	159.053	219.369	60.315	244.631	304.946
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	55.596	144.991	200.588	55.596	221.595	277.191
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	55.596	144.991	200.588	55.596	221.595	277.191
12. Plus: Property Rate Component	0.000	0.000	12.438	0.000	0.000	12.438
13. Plus: ROE/Use Rate	0.000	0.000	1.065	0.000	0.000	1.065
14. Total Current Period Base	55.596	144.991	214.090	55.596	221.595	290.694
15. Prospective Rate: Line 11 x Inflation (1.04436885)	58.063	151.425	209.487	58.063	231.427	289.490
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	58.063	151.425	209.487	58.063	231.427	289.490
19. Property Rate Component	0.000	0.000	12.438	0.000	0.000	12.438
20. ROE Component + ROE Interim Component	0.000	0.000	1.065	0.000	0.000	1.065
21. Plus :Property Interim Rate Component	0.000	0.000	0.000	0.000	0.000	0.000
<b>22. Final Per Diem</b>	<b>222.99</b>			<b>302.99</b>		
23. Medicaid Days	2,919			17,007		
24. Resident Days	2,919			17,007		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.93)	20.93			20.93		
27. Less Rate Cut (0%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.614936%)	3.96			5.26		
29. Add-On (QAF less Rate Cut)	1.48			1.97		
<b>30. Final Per Diem After Adjustments</b>	<b>241.44</b>			<b>320.63</b>		



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

**028524200 - 2014/07**  
**RI:236.17 / NM:331.28**

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

Provider Number: 028524200  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.19</u>	<u>236.17</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>332.50</u>	<u>331.28</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive  
Collierville TN 38017

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028524200**

Provider Name: **FT WALTON BCH DEVELOP CTR**  
 Provider Number: 28524200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028524200 - 2014/07

236.17

331.28

**FT WALTON BCH DEVELOP CTR**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	51.557	139.352	190.909	51.557	229.469	281.026
2. Inflate Line 1 by Inflation Factor 1.02193755	52.688	142.409	195.097	52.688	234.503	287.191
3. Line 1 x 1.400 x Inflation Factor 1.03071257	53.140	143.631	196.772	53.140	236.516	289.657
4. Current Period Cost	57.266	143.835	201.100	57.266	234.759	292.025
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.757	
6. Allowed Current Period Costs (Min of line 3 or 4)	53.140	143.631	196.772	53.140	234.759	287.899
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.879	0.879
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	7.043	7.043
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.879	0.879
10. Final Incentive	0.000	0.000	0.000	0.000	0.879	0.879
11. Current Period Base: (line 6 + line 10)	53.140	143.631	196.772	53.140	235.638	288.778
12. Plus: Property Rate Component			10.579			10.579
13. Plus: ROE/Use Rate			1.581			1.581
14. Total Current Period Base			208.932			300.938
15. Prospective Rate: Line 11 x Inflation (1.04436885)	55.498	150.004	205.502	55.498	246.093	301.591
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	55.498	150.004	205.502	55.498	246.093	301.591
19. Property Rate Component			10.579			10.579
20. ROE Component + ROE Interim Component			1.581			1.581
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>217.66</b>			<b>313.75</b>
23. Medicaid Days		13,216			8,291	
24. Resident Days		13,216			8,291	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.88			5.44
29. Add-On (QAF less Rate Cut)			1.45			2.04
<b>30. Final Per Diem After Adjustments</b>			<b>236.17</b>			<b>331.28</b>



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

**028526900 - 2014/07**  
**RI:228.34 / NM:302.25**

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

Provider Number: 028526900  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>229.39</u>	<u>228.34</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>303.46</u>	<u>302.25</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

468 Halle Park Drive  
Collierville TN 38017

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**028526900**

Provider Name: **PANAMA CITY DEV CTR**  
 Provider Number: 28526900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028526900 - 2014/07

228.34

302.25

**PANAMA CITY DEV CTR**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.716	126.805	180.521	53.716	196.170	249.886
2. Inflate Line 1 by Inflation Factor 1.02193755	54.894	129.587	184.481	54.894	200.473	255.368
3. Line 1 x 1.400 x Inflation Factor 1.03071257	55.366	130.700	186.065	55.366	202.195	257.560
4. Current Period Cost	56.795	134.128	190.923	56.795	207.880	264.675
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	55.366	130.700	186.065	55.366	202.195	257.560
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)	55.366	130.700	186.065	55.366	202.195	257.560
12. Plus: Property Rate Component			14.249			14.249
13. Plus: ROE/Use Rate			1.186			1.186
14. Total Current Period Base			201.500			272.995
15. Prospective Rate: Line 11 x Inflation (1.04436885)	57.822	136.499	194.321	57.822	211.166	268.988
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	57.822	136.499	194.321	57.822	211.166	268.988
19. Property Rate Component			14.249			14.249
20. ROE Component + ROE Interim Component			1.186			1.186
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>209.76</b>			<b>284.42</b>
23. Medicaid Days		1,387			19,378	
24. Resident Days		1,387			19,378	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.75			4.96
29. Add-On (QAF less Rate Cut)			1.40			1.86
<b>30. Final Per Diem After Adjustments</b>			<b>228.34</b>			<b>302.25</b>



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

**028530700 - 2014/07**  
**RI:207.19 / NM:276.48**

**HILLSBOROUGH DEVELOPMENT**  
 14219 Bruce B Downs Boulevard  
 Tampa FL 33613

Provider Number: 028530700  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	208.06	207.19	7/1/2014
#8 Non-Ambulatory & #9 Medical	277.51	276.48	7/1/2014

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

---

468 Halle Park Drive  
 Collierville TN 38017

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028530700**

Provider Name: **HILLSBOROUGH DEVELOPMENT**  
 Provider Number: 28530700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028530700 - 2014/07

207.19

276.48

**HILLSBOROUGH DEVELOPMENT**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	49.189	120.169	169.358	49.189	185.201	234.390
2. Inflate Line 1 by Inflation Factor 1.02193755	50.268	122.806	173.074	50.268	189.264	239.532
3. Line 1 x 1.400 x Inflation Factor 1.03071257	50.700	123.860	174.560	50.700	190.889	241.589
4. Current Period Cost	54.403	126.775	181.178	54.403	194.874	249.277
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	50.700	123.860	174.560	50.700	190.889	241.589
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	50.700	123.860	174.560	50.700	190.889	241.589
12. Plus: Property Rate Component			4.965			4.965
13. Plus: ROE/Use Rate			1.121			1.121
14. Total Current Period Base			180.645			247.675
15. Prospective Rate: Line 11 x Inflation (1.04436885)	52.949	129.356	182.305	52.949	199.359	252.308
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	52.949	129.356	182.305	52.949	199.359	252.308
19. Property Rate Component			4.965			4.965
20. ROE Component + ROE Interim Component			1.121			1.121
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>188.39</b>			<b>258.39</b>
23. Medicaid Days		3,895			18,573	
24. Resident Days		3,895			18,573	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.40			4.54
29. Add-On (QAF less Rate Cut)			1.27			1.70
<b>30. Final Per Diem After Adjustments</b>			<b>207.19</b>			<b>276.48</b>



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

**028531500 - 2014/07**  
**RI:350.66 / NM:427.46**

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

Provider Number: 028531500  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>352.05</u>	<u>350.66</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>429.01</u>	<u>427.46</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

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

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028531500**

Provider Name: **Woodhouse, Inc**  
 Provider Number: 28531500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028531500 - 2014/07**

**350.66**

**427.46**

**Woodhouse, Inc**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	97.931	195.809	293.740	97.931	272.310	370.241
2. Inflate Line 1 by Inflation Factor 1.02200452	100.086	200.118	300.204	100.086	278.302	378.387
3. Line 1 x 1.400 x Inflation Factor 1.03080632	100.948	201.842	302.789	100.948	280.699	381.646
4. Current Period Cost	109.341	196.044	305.385	109.341	266.033	375.374
5. Incentive Basis (line 3 - line 4)	0.000	5.797		0.000	14.666	
6. Allowed Current Period Costs (Min of line 3 or 4)	100.948	196.044	296.992	100.948	266.033	366.981
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.899	2.899	0.000	7.333	7.333
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.881	5.881	0.000	7.981	7.981
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.899	2.899	0.000	7.333	7.333
10. Final Incentive	0.000	2.899	2.899	0.000	7.333	7.333
11. Current Period Base: (line 6 + line 10)	100.948	198.943	299.891	100.948	273.366	374.313
12. Plus: Property Rate Component			19.191			19.191
13. Plus: ROE/Use Rate			1.503			1.503
14. Total Current Period Base			320.584			395.007
15. Prospective Rate: Line 11 x Inflation (1.04251431)	105.239	207.401	312.640	105.239	284.988	390.227
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.239	207.401	312.640	105.239	284.988	390.227
19. Property Rate Component			19.191			19.191
20. ROE Component + ROE Interim Component			1.503			1.503
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>333.33</b>			<b>410.92</b>
23. Medicaid Days		1,825			6,663	
24. Resident Days		1,825			6,663	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.76			7.02
29. Add-On (QAF less Rate Cut)			2.16			2.63
<b>30. Final Per Diem After Adjustments</b>			<b>350.66</b>			<b>427.46</b>



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

**028533100 - 2014/07**  
**RI:303.20 / NM:393.43**

**SUNRISE CAPE CORAL CLUS**  
 2821 Pine Island Road, S.W.  
 Cape Coral FL 33991

Provider Number: 028533100  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>304.49</u>	<u>303.20</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>394.92</u>	<u>393.43</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (8)  
 Home Office:  
 Sunrise  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028533100**

Provider Name: **SUNRISE CAPE CORAL CLUS**  
 Provider Number: 28533100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

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



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028533100 - 2014/07**

**303.20**

**393.43**

**SUNRISE CAPE CORAL CLUS**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.690	175.789	252.479	76.690	262.343	339.033
2. Inflate Line 1 by Inflation Factor 1.02200452	78.377	179.657	258.035	78.377	268.115	346.493
3. Line 1 x 1.400 x Inflation Factor 1.03080632	79.052	181.205	260.257	79.052	270.425	349.477
4. Current Period Cost	74.330	171.597	245.926	74.330	257.255	331.585
5. Incentive Basis (line 3 - line 4)	4.723	9.608		4.723	13.169	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.330	171.597	245.926	74.330	257.255	331.585
7. Incentive Line 5 x Oper 50% Res 50%	2.361	4.804	7.165	2.361	6.585	8.946
8. Incentive - Line 4 x Oper 10% Res 3%	7.433	5.148	12.581	7.433	7.718	15.151
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.361	4.804	7.165	2.361	6.585	8.946
10. Final Incentive	2.361	4.804	7.165	2.361	6.585	8.946
11. Current Period Base: (line 6 + line 10)	76.691	176.401	253.092	76.691	263.840	340.531
12. Plus: Property Rate Component			19.239			19.239
13. Plus: ROE/Use Rate			2.295			2.295
14. Total Current Period Base			274.626			362.065
15. Prospective Rate: Line 11 x Inflation (1.04251431)	79.952	183.900	263.852	79.952	275.057	355.009
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.952	183.900	263.852	79.952	275.057	355.009
19. Property Rate Component			19.239			19.239
20. ROE Component + ROE Interim Component			2.295			2.295
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>285.39</b>			<b>376.54</b>
23. Medicaid Days			847			7,809
24. Resident Days			847			7,809
25. Medicaid Utilization			100.00%			100.00%
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.98			6.46
29. Add-On (QAF less Rate Cut)			1.86			2.42
<b>30. Final Per Diem After Adjustments</b>			<b>303.20</b>			<b>393.43</b>



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

**028535800 - 2014/07**  
**RI:225.10 / NM:249.74**

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

Provider Number: 028535800  
 Date: 6/27/2014  
 FYE: 12/31/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>225.14</u>	<u>225.10</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>249.68</u>	<u>249.74</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Residential CRF Inc.  
 \_\_\_\_\_  
 1117 Central Ave  
 \_\_\_\_\_  
 Connersville IN 47331  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**028535800**

Provider Name: **Bayview - Lynn Haven**  
 Provider Number: 28535800  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 01/01/2012 - 12/31/2012  
 Days In Reporting Period: 366  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,158	672	1,830
2. Operating Expenses Component			
A. Administration			81,297
B. Plant Operation			20,148
C. Laundry			0
D. Housekeeping			3,096
E. Operating Expense Component & Per Diem	57.1262	57.1262	104,541
3. Resident Care			
A. Dietary			9,955
B. Other			0
C. Nursing			15,721
D. Resident Care & Per Diem	14.0306	14.0306	25,676
4. Prop Exp & Per Diem	17.6787	17.6787	32,352
5. ROE/Use Per Diem	0.5710	0.5710	1,045
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	868.50	672.00	1,540.50
3. Staffing Percent	56.3777994	43.6222006	100.00
4. Allocation of Direct Care	79,624.06	61,608.94	141,233.00
5. Direct Care Expense Per Diem	68.7600	91.6800	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	792	672	1,464
2. Additional Services	26,917	22,840	49,757
3. Additional Services Exp & Per Diem	33.9861	33.9881	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	57.1262	57.1262	104,541
2. Resident Care Component	116.7767	139.6987	216,666
3. Property Cost Component	17.6787	17.6787	32,352
4. ROE/Use Allow Component	0.5710	0.5710	1,045
<b>5 Total Cost Per Diem</b>	<b>192.1526</b>	<b>215.0746</b>	<b>354,604</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028535800 - 2014/07

225.10

249.74

**Bayview - Lynn Haven**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	57.680	124.060	181.740	57.680	147.711	205.391
2. Inflate Line 1 by Inflation Factor 1.02197006	58.947	126.786	185.733	58.947	150.957	209.904
3. Line 1 x 1.400 x Inflation Factor 1.03075808	59.454	127.876	187.330	59.454	152.255	211.709
4. Current Period Cost	57.126	116.777	173.903	57.126	139.699	196.825
5. Incentive Basis (line 3 - line 4)	2.328	11.099		2.328	12.556	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.126	116.777	173.903	57.126	139.699	196.825
7. Incentive Line 5 x Oper 50% Res 50%	1.164	5.550	6.714	1.164	6.278	7.442
8. Incentive - Line 4 x Oper 10% Res 3%	5.713	3.503	9.216	5.713	4.191	9.904
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.164	3.503	4.667	1.164	4.191	5.355
10. Final Incentive	1.164	3.503	4.667	1.164	4.191	5.355
11. Current Period Base: (line 6 + line 10)	58.290	120.280	178.570	58.290	143.890	202.180
12. Plus: Property Rate Component			17.679			17.679
13. Plus: ROE/Use Rate			0.571			0.571
14. Total Current Period Base			196.820			220.429
15. Prospective Rate: Line 11 x Inflation (1.05412531)	61.445	126.790	188.235	61.445	151.678	213.123
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.445	126.790	188.235	61.445	151.678	213.123
19. Property Rate Component			17.679			17.679
20. ROE Component + ROE Interim Component			0.571			0.571
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>206.48</b>			<b>231.37</b>
23. Medicaid Days		792			672	
24. Resident Days		1,158			672	
25. Medicaid Utilization		68.39%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.69			4.10
29. Add-On (QAF less Rate Cut)			1.38			1.53
<b>30. Final Per Diem After Adjustments</b>			<b>225.10</b>			<b>249.74</b>



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

**028536600 - 2014/07**  
**RI:248.14 / NM:280.96**

**Squire Court Community Home**  
 95 Squire Court  
 Dunedin FL 34698

Provider Number: 028536600  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>249.21</u>	<u>248.14</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>282.10</u>	<u>280.96</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**

Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.

10140 Linn Station Road  
Louisville KY 40222

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028536600**

Provider Name: **Squire Court Community Home**  
 Provider Number: 28536600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			85,862
B. Plant Operation			21,057
C. Laundry			323
D. Housekeeping			2,122
E. Operating Expense Component & Per Diem	49.9379	49.9379	109,364
3. Resident Care			
A. Dietary			21,365
B. Other			0
C. Nursing			20,765
D. Resident Care & Per Diem	19.2374	19.2374	42,130
4. Prop Exp & Per Diem	11.3251	11.3251	24,802
5. ROE/Use Per Diem	2.9027	2.9027	6,357
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	138,720.60	92,480.40	231,201.00
5. Direct Care Expense Per Diem	95.0141	126.6855	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	68,484	34,240	102,724
3. Additional Services Exp & Per Diem	46.9068	46.9041	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	49.9379	49.9379	109,364
2. Resident Care Component	161.1584	192.8270	376,055
3. Property Cost Component	11.3251	11.3251	24,802
4. ROE/Use Allow Component	2.9027	2.9027	6,357
<b>5 Total Cost Per Diem</b>	<b>225.3242</b>	<b>256.9928</b>	<b>516,578</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028536600 - 2014/07**

**248.14**

**280.96**

**Squire Court Community Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.879	165.025	204.903	39.879	196.002	235.881
2. Inflate Line 1 by Inflation Factor 1.02200452	40.756	168.656	209.412	40.756	200.315	241.071
3. Line 1 x 1.400 x Inflation Factor 1.03080632	41.107	170.108	211.216	41.107	202.040	243.148
4. Current Period Cost	49.938	161.158	211.096	49.938	192.827	242.765
5. Incentive Basis (line 3 - line 4)	0.000	8.950		0.000	9.213	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.107	161.158	202.266	41.107	192.827	233.934
7. Incentive Line 5 x Oper 50% Res 50%	0.000	4.475	4.475	0.000	4.607	4.607
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.835	4.835	0.000	5.785	5.785
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.475	4.475	0.000	4.607	4.607
10. Final Incentive	0.000	4.475	4.475	0.000	4.607	4.607
11. Current Period Base: (line 6 + line 10)	41.107	165.633	206.741	41.107	197.434	238.541
12. Plus: Property Rate Component			11.325			11.325
13. Plus: ROE/Use Rate			2.903			2.903
14. Total Current Period Base			220.969			252.769
15. Prospective Rate: Line 11 x Inflation (1.04251431)	42.855	172.675	215.530	42.855	205.827	248.682
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	42.855	172.675	215.530	42.855	205.827	248.682
19. Property Rate Component			11.325			11.325
20. ROE Component + ROE Interim Component			2.903			2.903
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>229.76</b>			<b>262.91</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.07			4.61
29. Add-On (QAF less Rate Cut)			1.53			1.73
<b>30. Final Per Diem After Adjustments</b>			<b>248.14</b>			<b>280.96</b>





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

**028537400 - 2014/07**  
**RI:281.42**

**BAYVIEW - SAFETY HARBOR**  
 3438 S.R. 580  
 Safety Harbor FL 34695

Provider Number: 028537400  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>282.94</u>	<u>281.42</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028537400**

Provider Name: **BAYVIEW - SAFETY HARBOR**  
 Provider Number: 28537400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			83,440
B. Plant Operation			22,675
C. Laundry			389
D. Housekeeping			2,414
E. Operating Expense Component & Per Diem	49.7342	0.0000	108,918
3. Resident Care			
A. Dietary			20,363
B. Other			0
C. Nursing			16,569
D. Resident Care & Per Diem	16.8639	0.0000	36,932
4. Prop Exp & Per Diem	39.4438	0.0000	86,382
5. ROE/Use Per Diem	2.8352	0.0000	6,209
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	221,416.00		221,416.00
5. Direct Care Expense Per Diem	101.1032		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	96,286		96,286
3. Additional Services Exp & Per Diem	43.9662		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	49.7342		108,918
2. Resident Care Component	161.9333		354,634
3. Property Cost Component	39.4438		86,382
4. ROE/Use Allow Component	2.8352		6,209
<b>5 Total Cost Per Diem</b>	<b>253.9466</b>		<b>556,143</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028537400 - 2014/07

281.42

0.00

**BAYVIEW - SAFETY HARBOR**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.937	169.038	212.975			
2. Inflate Line 1 by Inflation Factor 1.02200452	44.904	172.757	217.661			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	45.291	174.245	219.536			
4. Current Period Cost	49.734	161.933	211.668			
5. Incentive Basis (line 3 - line 4)	0.000	12.312		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	45.291	161.933	207.224			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	6.156	6.156	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.858	4.858	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.858	4.858	0.000	0.000	0.000
10. Final Incentive	0.000	4.858	4.858	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	45.291	166.791	212.082	0.000	0.000	0.000
12. Plus: Property Rate Component			39.444			0.000
13. Plus: ROE/Use Rate			2.835			0.000
14. Total Current Period Base			254.361			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	47.216	173.882	221.098	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	47.216	173.882	221.098	0.000	0.000	0.000
19. Property Rate Component			39.444			0.000
20. ROE Component + ROE Interim Component			2.835			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>263.38</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.62			0.00
29. Add-On (QAF less Rate Cut)			1.73			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>281.42</b>			<b>0.00</b>



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

**028539100 - 2014/07**  
**RI:403.81 / NM:488.90**

**Hendricks**  
 95154 Hendricks Road  
 Fernandina Beach FL 32034

Provider Number: 028539100  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>405.79</u>	<u>403.81</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>491.06</u>	<u>488.90</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (4)

Home Office:

Care Ctrs of Nassau, LLC

95146 Hendricks Road  
 Fernandina Beach FL 32034

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028539100**

Provider Name: **Amelia Island Properties, Inc.**  
 Provider Number: 28539100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	7,209	8,669
2. Operating Expenses Component			
A. Administration			515,603
B. Plant Operation			457,359
C. Laundry			42,798
D. Housekeeping			105,703
E. Operating Expense Component & Per Diem	129.3647	129.3647	1,121,463
3. Resident Care			
A. Dietary			265,178
B. Other			0
C. Nursing			437,278
D. Resident Care & Per Diem	81.0308	81.0308	702,456
4. Prop Exp & Per Diem	53.8489	53.8489	466,816
5. ROE/Use Per Diem	2.1238	2.1238	18,411
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	730.00	7,209.00	7,939.00
3. Staffing Percent	9.1951127	90.8048873	100.00
4. Allocation of Direct Care	116,672.74	1,152,183.26	1,268,856.00
5. Direct Care Expense Per Diem	79.9128	159.8257	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	7,209	8,669
2. Additional Services	25,934	128,055	153,989
3. Additional Services Exp & Per Diem	17.7630	17.7632	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	129.3647	129.3647	1,121,463
2. Resident Care Component	178.7066	258.6197	2,125,301
3. Property Cost Component	53.8489	53.8489	466,816
4. ROE/Use Allow Component	2.1238	2.1238	18,411
<b>5 Total Cost Per Diem</b>	<b>364.0441</b>	<b>443.9571</b>	<b>3,731,991</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028539100 - 2014/07**

**403.81**

**488.90**

**Hendricks**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	132.404	210.848	343.253	132.404	301.613	434.017
2. Inflate Line 1 by Inflation Factor 1.02193755	135.309	215.474	350.783	135.309	308.229	443.539
3. Line 1 x 1.400 x Inflation Factor 1.03071257	136.471	217.324	353.795	136.471	310.876	447.347
4. Current Period Cost	129.365	178.707	308.071	129.365	258.620	387.984
5. Incentive Basis (line 3 - line 4)	7.106	38.617		7.106	52.256	
6. Allowed Current Period Costs (Min of line 3 or 4)	129.365	178.707	308.071	129.365	258.620	387.984
7. Incentive Line 5 x Oper 50% Res 50%	3.553	19.309	22.862	3.553	26.128	29.681
8. Incentive - Line 4 x Oper 10% Res 3%	12.936	5.361	18.298	12.936	7.759	20.695
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.553	5.361	8.914	3.553	7.759	11.312
10. Final Incentive	3.553	5.361	8.914	3.553	7.759	11.312
11. Current Period Base: (line 6 + line 10)	132.918	184.068	316.986	132.918	266.378	399.296
12. Plus: Property Rate Component			53.849			53.849
13. Plus: ROE/Use Rate			2.124			2.124
14. Total Current Period Base			372.958			455.269
15. Prospective Rate: Line 11 x Inflation (1.04436885)	138.815	192.235	331.050	138.815	278.197	417.012
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	138.815	192.235	331.050	138.815	278.197	417.012
19. Property Rate Component			53.849			53.849
20. ROE Component + ROE Interim Component			2.124			2.124
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>387.02</b>			<b>472.99</b>
23. Medicaid Days		1,460			7,209	
24. Resident Days		1,460			7,209	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			6.63			8.02
29. Add-On (QAF less Rate Cut)			2.48			3.00
<b>30. Final Per Diem After Adjustments</b>			<b>403.81</b>			<b>488.90</b>



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

**028540400 - 2014/07**  
**RI:200.14 / NM:217.78**

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

Provider Number: 028540400  
 Date: 6/27/2014  
 FYE: 12/31/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>201.13</u>	<u>200.14</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>218.80</u>	<u>217.78</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Residential CRF, Inc.  
 \_\_\_\_\_  
 1117 Central Avenue  
 \_\_\_\_\_  
 Connersville IN 47331  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**028540400**

Provider Name: **Seaview CRF, Inc.**  
 Provider Number: 28540400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 01/01/2012 - 12/31/2012  
 Days In Reporting Period: 366  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,466	728	2,194
2. Operating Expenses Component			
A. Administration			114,146
B. Plant Operation			15,667
C. Laundry			0
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	60.6440	60.6440	133,053
3. Resident Care			
A. Dietary			10,109
B. Other			0
C. Nursing			18,176
D. Resident Care & Per Diem	12.8920	12.8920	28,285
4. Prop Exp & Per Diem	15.2138	15.2138	33,379
5. ROE/Use Per Diem	0.4175	0.4175	916
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,099.50	728.00	1,827.50
3. Staffing Percent	60.1641587	39.8358413	100.00
4. Allocation of Direct Care	72,162.10	47,779.90	119,942.00
5. Direct Care Expense Per Diem	49.2238	65.6317	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,466	728	2,194
2. Additional Services	40,502	20,113	60,615
3. Additional Services Exp & Per Diem	27.6276	27.6277	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	60.6440	60.6440	133,053
2. Resident Care Component	89.7433	106.1515	208,842
3. Property Cost Component	15.2138	15.2138	33,379
4. ROE/Use Allow Component	0.4175	0.4175	916
<b>5 Total Cost Per Diem</b>	<b>166.0186</b>	<b>182.4268</b>	<b>376,190</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028540400 - 2014/07**

**200.14**

**217.78**

**Seaview CRF, Inc.**

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	66.701	107.736	174.436	66.701	128.233	194.934
2. Inflate Line 1 by Inflation Factor 1.02197006	68.166	110.102	178.269	68.166	131.050	199.217
3. Line 1 x 1.400 x Inflation Factor 1.03075808	68.752	111.049	179.802	68.752	132.177	200.930
4. Current Period Cost	60.644	89.743	150.387	60.644	106.151	166.795
5. Incentive Basis (line 3 - line 4)	8.108	21.306		8.108	26.026	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.644	89.743	150.387	60.644	106.151	166.795
7. Incentive Line 5 x Oper 50% Res 50%	4.054	10.653	14.707	4.054	13.013	17.067
8. Incentive - Line 4 x Oper 10% Res 3%	6.064	2.692	8.757	6.064	3.185	9.249
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.054	2.692	6.746	4.054	3.185	7.239
10. Final Incentive	4.054	2.692	6.746	4.054	3.185	7.239
11. Current Period Base: (line 6 + line 10)	64.698	92.436	157.134	64.698	109.336	174.034
12. Plus: Property Rate Component			15.214			15.214
13. Plus: ROE/Use Rate			0.418			0.418
14. Total Current Period Base			172.765			189.665
15. Prospective Rate: Line 11 x Inflation (1.05412531)	68.200	97.439	165.639	68.200	115.254	183.454
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	68.200	97.439	165.639	68.200	115.254	183.454
19. Property Rate Component			15.214			15.214
20. ROE Component + ROE Interim Component			0.418			0.418
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>181.27</b>			<b>199.09</b>
23. Medicaid Days		1,466			728	
24. Resident Days		1,466			728	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.29			3.57
29. Add-On (QAF less Rate Cut)			1.23			1.34
<b>30. Final Per Diem After Adjustments</b>			<b>200.14</b>			<b>217.78</b>



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

**028541200 - 2014/07**  
**RI:261.62 / NM:296.18**

**Twin Lane Community Home**  
 2281 Twin Lane Drive  
 Dundedun FL 34698

Provider Number: 028541200  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>262.79</u>	<u>261.62</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>297.43</u>	<u>296.18</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (29)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40222  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028541200**

Provider Name: **Twin Lane Community Home**  
 Provider Number: 28541200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,095	962	2,057
2. Operating Expenses Component			
A. Administration			88,266
B. Plant Operation			20,438
C. Laundry			523
D. Housekeeping			2,897
E. Operating Expense Component & Per Diem	54.5085	54.5085	112,124
3. Resident Care			
A. Dietary			21,078
B. Other			0
C. Nursing			23,155
D. Resident Care & Per Diem	21.5036	21.5036	44,233
4. Prop Exp & Per Diem	16.0292	16.0292	32,972
5. ROE/Use Per Diem	3.2839	3.2839	6,755
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	962.00	1,783.25
3. Staffing Percent	46.0535539	53.9464461	100.00
4. Allocation of Direct Care	109,551.27	128,326.73	237,878.00
5. Direct Care Expense Per Diem	100.0468	133.3958	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,095	962	2,057
2. Additional Services	52,425	46,060	98,485
3. Additional Services Exp & Per Diem	47.8767	47.8794	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	54.5085	54.5085	112,124
2. Resident Care Component	169.4272	202.7788	380,596
3. Property Cost Component	16.0292	16.0292	32,972
4. ROE/Use Allow Component	3.2839	3.2839	6,755
<b>5 Total Cost Per Diem</b>	<b>243.2488</b>	<b>276.6004</b>	<b>532,447</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028541200 - 2014/07**

**261.62**

**296.18**

**Twin Lane Community Home**

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.512	169.621	211.133	41.512	202.248	243.759
2. Inflate Line 1 by Inflation Factor 1.02200452	42.425	173.353	215.778	42.425	206.698	249.123
3. Line 1 x 1.400 x Inflation Factor 1.03080632	42.791	174.846	217.637	42.791	208.478	251.269
4. Current Period Cost	54.509	169.427	223.936	54.509	202.779	257.287
5. Incentive Basis (line 3 - line 4)	0.000	5.419		0.000	5.699	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.791	169.427	212.218	42.791	202.779	245.569
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.710	2.710	0.000	2.850	2.850
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.083	5.083	0.000	6.083	6.083
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.710	2.710	0.000	2.850	2.850
10. Final Incentive	0.000	2.710	2.710	0.000	2.850	2.850
11. Current Period Base: (line 6 + line 10)	42.791	172.137	214.927	42.791	205.628	248.419
12. Plus: Property Rate Component			16.029			16.029
13. Plus: ROE/Use Rate			3.284			3.284
14. Total Current Period Base			234.240			267.732
15. Prospective Rate: Line 11 x Inflation (1.04251431)	44.610	179.455	224.065	44.610	214.371	258.980
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.610	179.455	224.065	44.610	214.371	258.980
19. Property Rate Component			16.029			16.029
20. ROE Component + ROE Interim Component			3.284			3.284
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>243.38</b>			<b>278.29</b>
23. Medicaid Days		1,095			962	
24. Resident Days		1,095			962	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.29			4.86
29. Add-On (QAF less Rate Cut)			1.61			1.82
<b>30. Final Per Diem After Adjustments</b>			<b>261.62</b>			<b>296.18</b>



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

**028545500 - 2014/07**  
**RI:311.21**

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

Provider Number: 028545500  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.58</u>	<u>311.21</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

**Distribution:**  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028545500

Provider Name: **Second Street Group Home**  
 Provider Number: 28545500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,438	0	1,438
2. Operating Expenses Component			
A. Administration			115,412
B. Plant Operation			25,351
C. Laundry			481
D. Housekeeping			2,021
E. Operating Expense Component & Per Diem	99.6280	0.0000	143,265
3. Resident Care			
A. Dietary			18,716
B. Other			0
C. Nursing			17,442
D. Resident Care & Per Diem	25.1446	0.0000	36,158
4. Prop Exp & Per Diem	25.1794	0.0000	36,208
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,078.50		1,078.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	195,420.00		195,420.00
5. Direct Care Expense Per Diem	135.8971		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,438		1,438
2. Additional Services	95,842		95,842
3. Additional Services Exp & Per Diem	66.6495		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	99.6280		143,265
2. Resident Care Component	227.6912		327,420
3. Property Cost Component	25.1794		36,208
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>352.4986</b>		<b>506,893</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028545500 - 2014/07

311.21
0.00

**Second Street Group Home**

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.074	170.588	249.662			
2. Inflate Line 1 by Inflation Factor 1.02200452	80.814	174.341	255.155			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	81.510	175.843	257.353			
4. Current Period Cost	99.628	227.691	327.319			
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.510	175.843	257.353			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.510	175.843	257.353	0.000	0.000	0.000
12. Plus: Property Rate Component			25.179			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			282.532			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	84.975	183.319	268.294	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	84.975	183.319	268.294	0.000	0.000	0.000
19. Property Rate Component			25.179			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>293.47</b>			<b>0.00</b>
23. Medicaid Days		1,438				0
24. Resident Days		1,438				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.11			0.00
29. Add-On (QAF less Rate Cut)			1.91			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>311.21</b>			<b>0.00</b>



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

**028546300 - 2014/07**  
**RI:279.76 / NM:309.69**

**107th Place Home**  
 5321 S.E. 107th Place  
 Belleview FL 34420

Provider Number: 028546300  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>280.93</u>	<u>279.76</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>310.93</u>	<u>309.69</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:  
 Res-Care, Inc.  
 \_\_\_\_\_  
 10140 Linn Station Road  
 \_\_\_\_\_  
 Louisville KY 40223  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028546300

Provider Name: **107th Place Home**  
 Provider Number: 28546300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			117,974
B. Plant Operation			28,612
C. Laundry			626
D. Housekeeping			2,511
E. Operating Expense Component & Per Diem	68.3667	68.3667	149,723
3. Resident Care			
A. Dietary			21,220
B. Other			0
C. Nursing			17,751
D. Resident Care & Per Diem	17.7950	17.7950	38,971
4. Prop Exp & Per Diem	17.7607	17.7607	38,896
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	123,406.20	82,270.80	205,677.00
5. Direct Care Expense Per Diem	84.5248	112.6997	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	75,827	37,908	113,735
3. Additional Services Exp & Per Diem	51.9363	51.9288	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	68.3667	68.3667	149,723
2. Resident Care Component	154.2561	182.4235	358,383
3. Property Cost Component	17.7607	17.7607	38,896
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>240.3835</b>	<b>268.5509</b>	<b>547,002</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028546300 - 2014/07

279.76

309.69

**107th Place Home**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.400	164.042	243.442	79.400	199.621	279.020
2. Inflate Line 1 by Inflation Factor 1.02200452	81.147	167.652	248.799	81.147	204.013	285.160
3. Line 1 x 1.400 x Inflation Factor 1.03080632	81.846	169.096	250.941	81.846	205.770	287.616
4. Current Period Cost	68.367	154.256	222.623	68.367	182.423	250.790
5. Incentive Basis (line 3 - line 4)	13.479	14.840		13.479	23.347	
6. Allowed Current Period Costs (Min of line 3 or 4)	68.367	154.256	222.623	68.367	182.423	250.790
7. Incentive Line 5 x Oper 50% Res 50%	6.739	7.420	14.159	6.739	11.673	18.413
8. Incentive - Line 4 x Oper 10% Res 3%	6.837	4.628	11.464	6.837	5.473	12.309
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.739	4.628	11.367	6.739	5.473	12.212
10. Final Incentive	6.739	4.628	11.367	6.739	5.473	12.212
11. Current Period Base: (line 6 + line 10)	75.106	158.884	233.990	75.106	187.896	263.002
12. Plus: Property Rate Component			17.761			17.761
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			251.751			280.763
15. Prospective Rate: Line 11 x Inflation (1.04251431)	78.299	165.639	243.938	78.299	195.884	274.184
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	78.299	165.639	243.938	78.299	195.884	274.184
19. Property Rate Component			17.761			17.761
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>261.70</b>			<b>291.94</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.59			5.08
29. Add-On (QAF less Rate Cut)			1.72			1.90
<b>30. Final Per Diem After Adjustments</b>			<b>279.76</b>			<b>309.69</b>



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

**028547100 - 2014/07**  
**RI:227.38**

**Sunrise Group Home #17**  
 19963 N.W. 62nd Place  
 Miami Lakes FL 33015

Provider Number: 028547100  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>228.44</u>	<u>227.38</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028547100**

Provider Name: **Sunrise Group Home #17**  
 Provider Number: 28547100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,016	0	2,016
2. Operating Expenses Component			
A. Administration			51,856
B. Plant Operation			35,646
C. Laundry			869
D. Housekeeping			1,610
E. Operating Expense Component & Per Diem	44.6334	0.0000	89,981
3. Resident Care			
A. Dietary			21,815
B. Other			40,260
C. Nursing			0
D. Resident Care & Per Diem	30.7912	0.0000	62,075
4. Prop Exp & Per Diem	16.9167	0.0000	34,104
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,512.00		1,512.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	216,094.00		216,094.00
5. Direct Care Expense Per Diem	107.1895		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,016		2,016
2. Additional Services	1,697		1,697
3. Additional Services Exp & Per Diem	0.8418		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	44.6334		89,981
2. Resident Care Component	138.8224		279,866
3. Property Cost Component	16.9167		34,104
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>200.3725</b>		<b>403,951</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028547100 - 2014/07**

**227.38**

**0.00**

**Sunrise Group Home #17**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.355	139.706	181.061			
2. Inflate Line 1 by Inflation Factor 1.02200452	42.265	142.780	185.045			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	42.629	144.010	186.639			
4. Current Period Cost	44.633	138.822	183.456			
5. Incentive Basis (line 3 - line 4)	0.000	5.188		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.629	138.822	181.451			
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.594	2.594	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.165	4.165	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.594	2.594	0.000	0.000	0.000
10. Final Incentive	0.000	2.594	2.594	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.629	141.416	184.045	0.000	0.000	0.000
12. Plus: Property Rate Component			16.917			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			200.962			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	44.441	147.428	191.870	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	44.441	147.428	191.870	0.000	0.000	0.000
19. Property Rate Component			16.917			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>208.79</b>			<b>0.00</b>
23. Medicaid Days		2,016				0
24. Resident Days		2,016				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.73			0.00
29. Add-On (QAF less Rate Cut)			1.40			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>227.38</b>			<b>0.00</b>



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

**028548000 - 2014/07**  
**RI:232.87 / NM:271.73**

**Sunrise Group Home #16**  
 3210 S.W. 138th Court  
 Miami FL 33175

Provider Number: 028548000  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>234.00</u>	<u>232.87</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>272.95</u>	<u>271.73</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028548000**

Provider Name: **Sunrise Group Home #16**  
 Provider Number: 28548000  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,504	592	2,096
2. Operating Expenses Component			
A. Administration			58,827
B. Plant Operation			20,849
C. Laundry			934
D. Housekeeping			907
E. Operating Expense Component & Per Diem	38.8917	38.8917	81,517
3. Resident Care			
A. Dietary			14,305
B. Other			40,174
C. Nursing			5,266
D. Resident Care & Per Diem	28.5043	28.5043	59,745
4. Prop Exp & Per Diem	20.4156	20.4156	42,791
5. ROE/Use Per Diem	0.0544	0.0544	114
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,128.00	592.00	1,720.00
3. Staffing Percent	65.5813953	34.4186047	100.00
4. Allocation of Direct Care	175,702.40	92,212.60	267,915.00
5. Direct Care Expense Per Diem	116.8234	155.7645	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,504	592	2,096
2. Additional Services	15,871	6,246	22,117
3. Additional Services Exp & Per Diem	10.5525	10.5507	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	38.8917	38.8917	81,517
2. Resident Care Component	155.8802	194.8195	349,777
3. Property Cost Component	20.4156	20.4156	42,791
4. ROE/Use Allow Component	0.0544	0.0544	114
<b>5 Total Cost Per Diem</b>	<b>215.2419</b>	<b>254.1811</b>	<b>474,199</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028548000 - 2014/07

232.87

271.73

**Sunrise Group Home #16**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.649	140.213	182.862	42.649	176.744	219.393
2. Inflate Line 1 by Inflation Factor 1.02200452	43.587	143.298	186.885	43.587	180.633	224.220
3. Line 1 x 1.400 x Inflation Factor 1.03080632	43.962	144.532	188.495	43.962	182.189	226.151
4. Current Period Cost	38.892	155.880	194.772	38.892	194.820	233.711
5. Incentive Basis (line 3 - line 4)	5.071	0.000		5.071	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.892	144.532	183.424	38.892	182.189	221.081
7. Incentive Line 5 x Oper 50% Res 50%	2.535	0.000	2.535	2.535	0.000	2.535
8. Incentive - Line 4 x Oper 10% Res 3%	3.889	0.000	3.889	3.889	0.000	3.889
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.535	0.000	2.535	2.535	0.000	2.535
10. Final Incentive	2.535	0.000	2.535	2.535	0.000	2.535
11. Current Period Base: (line 6 + line 10)	41.427	144.532	185.959	41.427	182.189	223.616
12. Plus: Property Rate Component			20.416			20.416
13. Plus: ROE/Use Rate			0.054			0.054
14. Total Current Period Base			206.429			244.086
15. Prospective Rate: Line 11 x Inflation (1.04251431)	43.188	150.677	193.865	43.188	189.935	233.123
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.188	150.677	193.865	43.188	189.935	233.123
19. Property Rate Component			20.416			20.416
20. ROE Component + ROE Interim Component			0.054			0.054
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>214.34</b>			<b>253.59</b>
23. Medicaid Days		1,504			592	
24. Resident Days		1,504			592	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.82			4.46
29. Add-On (QAF less Rate Cut)			1.43			1.67
<b>30. Final Per Diem After Adjustments</b>			<b>232.87</b>			<b>271.73</b>





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

**028552800 - 2014/07**  
**RI:210.32 / NM:245.29**

**Sunrise Group Home #12**  
 1219 S.E. 26th Terrace  
 Cape Coral FL 33904

Provider Number: 028552800  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>211.29</u>	<u>210.32</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>246.34</u>	<u>245.29</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (8)  
 Home Office:  
 Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A  
Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028552800**

Provider Name: **Sunrise Group Home #12**  
 Provider Number: 28552800  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses Component			
A. Administration			67,515
B. Plant Operation			24,082
C. Laundry			467
D. Housekeeping			1,850
E. Operating Expense Component & Per Diem	42.8831	42.8831	93,914
3. Resident Care			
A. Dietary			15,234
B. Other			38,516
C. Nursing			0
D. Resident Care & Per Diem	24.5434	24.5434	53,750
4. Prop Exp & Per Diem	11.9311	11.9311	26,129
5. ROE/Use Per Diem	0.5475	0.5475	1,199
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	60.0000000	40.0000000	100.00
4. Allocation of Direct Care	164,791.20	109,860.80	274,652.00
5. Direct Care Expense Per Diem	112.8707	150.4942	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	13,276	6,638	19,914
3. Additional Services Exp & Per Diem	9.0932	9.0932	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	42.8831	42.8831	93,914
2. Resident Care Component	146.5072	184.1308	348,316
3. Property Cost Component	11.9311	11.9311	26,129
4. ROE/Use Allow Component	0.5475	0.5475	1,199
<b>5 Total Cost Per Diem</b>	<b>201.8689</b>	<b>239.4924</b>	<b>469,558</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028552800 - 2014/07

210.32

245.29

**Sunrise Group Home #12**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.570	124.548	167.118	42.570	157.426	199.996
2. Inflate Line 1 by Inflation Factor 1.02200452	43.507	127.289	170.795	43.507	160.890	204.397
3. Line 1 x 1.400 x Inflation Factor 1.03080632	43.881	128.385	172.266	43.881	162.276	206.157
4. Current Period Cost	42.883	146.507	189.390	42.883	184.131	227.014
5. Incentive Basis (line 3 - line 4)	0.998	0.000		0.998	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.883	128.385	171.268	42.883	162.276	205.159
7. Incentive Line 5 x Oper 50% Res 50%	0.499	0.000	0.499	0.499	0.000	0.499
8. Incentive - Line 4 x Oper 10% Res 3%	4.288	0.000	4.288	4.288	0.000	4.288
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.499	0.000	0.499	0.499	0.000	0.499
10. Final Incentive	0.499	0.000	0.499	0.499	0.000	0.499
11. Current Period Base: (line 6 + line 10)	43.382	128.385	171.767	43.382	162.276	205.658
12. Plus: Property Rate Component			11.931			11.931
13. Plus: ROE/Use Rate			0.547			0.547
14. Total Current Period Base			184.246			218.136
15. Prospective Rate: Line 11 x Inflation (1.04251431)	45.227	133.843	179.070	45.227	169.175	214.401
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	45.227	133.843	179.070	45.227	169.175	214.401
19. Property Rate Component			11.931			11.931
20. ROE Component + ROE Interim Component			0.547			0.547
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>191.55</b>			<b>226.88</b>
23. Medicaid Days		1,460			730	
24. Resident Days		1,460			730	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.45			4.03
29. Add-On (QAF less Rate Cut)			1.29			1.51
<b>30. Final Per Diem After Adjustments</b>			<b>210.32</b>			<b>245.29</b>



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

**028553600 - 2014/07**  
**RI:307.59 / NM:355.87**

**Sunrise Group Home #13**  
 1950 Country Meadows Circle  
 Sarasota FL 34235

Provider Number: 028553600  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>307.97</u>	<u>307.59</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>356.36</u>	<u>355.87</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (29)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028553600**

Provider Name: **Sunrise Group Home #13**  
 Provider Number: 28553600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,795	365	2,160
2. Operating Expenses Component			
A. Administration			88,662
B. Plant Operation			46,745
C. Laundry			2,507
D. Housekeeping			2,179
E. Operating Expense Component & Per Diem	64.8579	64.8579	140,093
3. Resident Care			
A. Dietary			19,570
B. Other			52,770
C. Nursing			0
D. Resident Care & Per Diem	33.4907	33.4907	72,340
4. Prop Exp & Per Diem	15.0088	15.0088	32,419
5. ROE/Use Per Diem	0.2449	0.2449	529
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,346.25	365.00	1,711.25
3. Staffing Percent	78.6705625	21.3294375	100.00
4. Allocation of Direct Care	279,613.27	75,809.73	355,423.00
5. Direct Care Expense Per Diem	155.7734	207.6979	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,795	365	2,160
2. Additional Services	26,015	5,290	31,305
3. Additional Services Exp & Per Diem	14.4930	14.4932	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	64.8579	64.8579	140,093
2. Resident Care Component	203.7572	255.6818	459,068
3. Property Cost Component	15.0088	15.0088	32,419
4. ROE/Use Allow Component	0.2449	0.2449	529
<b>5 Total Cost Per Diem</b>	<b>283.8688</b>	<b>335.7933</b>	<b>632,109</b>



**Florida Agency For Health Care Administration**  
**Office of Medicaid Cost Reimbursement Planning and Finance**  
**ICF/IID Calculation Sheet**  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028553600 - 2014/07</b>
<b>307.59</b>
<b>355.87</b>

**Sunrise Group Home #13**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	72.248	187.916	260.164	72.248	233.304	305.553
2. Inflate Line 1 by Inflation Factor 1.02200452	73.838	192.051	265.889	73.838	238.438	312.276
3. Line 1 x 1.400 x Inflation Factor 1.03080632	74.474	193.704	268.179	74.474	240.492	314.966
4. Current Period Cost	64.858	203.757	268.615	64.858	255.682	320.540
5. Incentive Basis (line 3 - line 4)	9.616	0.000		9.616	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	64.858	193.704	258.562	64.858	240.492	305.349
7. Incentive Line 5 x Oper 50% Res 50%	4.808	0.000	4.808	4.808	0.000	4.808
8. Incentive - Line 4 x Oper 10% Res 3%	6.486	0.000	6.486	6.486	0.000	6.486
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.808	0.000	4.808	4.808	0.000	4.808
10. Final Incentive	4.808	0.000	4.808	4.808	0.000	4.808
11. Current Period Base: (line 6 + line 10)	69.666	193.704	263.371	69.666	240.492	310.158
12. Plus: Property Rate Component			15.009			15.009
13. Plus: ROE/Use Rate			0.245			0.245
14. Total Current Period Base			278.624			325.411
15. Prospective Rate: Line 11 x Inflation (1.04251431)	72.628	201.940	274.568	72.628	250.716	323.344
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.628	201.940	274.568	72.628	250.716	323.344
19. Property Rate Component			15.009			15.009
20. ROE Component + ROE Interim Component			0.245			0.245
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>289.82</b>			<b>338.60</b>
23. Medicaid Days		1,795			365	
24. Resident Days		1,795			365	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.05			5.84
29. Add-On (QAF less Rate Cut)			1.89			2.19
<b>30. Final Per Diem After Adjustments</b>			<b>307.59</b>			<b>355.87</b>



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

**028554400 - 2014/07**  
**RI:325.96 / NM:369.55**

**Coletta Drive Group Home**  
 1604 Coletta Drive  
 Orlando FL 32807

Provider Number: 028554400  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>327.37</u>	<u>325.96</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>371.06</u>	<u>369.55</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40222

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028554400**

Provider Name: **Coletta Drive Group Home**  
 Provider Number: 28554400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,668	122	1,790
2. Operating Expenses Component			
A. Administration			117,878
B. Plant Operation			29,925
C. Laundry			436
D. Housekeeping			3,221
E. Operating Expense Component & Per Diem	84.6145	84.6145	151,460
3. Resident Care			
A. Dietary			20,936
B. Other			0
C. Nursing			17,077
D. Resident Care & Per Diem	21.2363	21.2363	38,013
4. Prop Exp & Per Diem	25.7687	25.7687	46,126
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,251.00	122.00	1,373.00
3. Staffing Percent	91.1143481	8.8856519	100.00
4. Allocation of Direct Care	194,316.84	18,950.16	213,267.00
5. Direct Care Expense Per Diem	116.4969	155.3292	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,668	122	1,790
2. Additional Services	95,571	6,995	102,566
3. Additional Services Exp & Per Diem	57.2968	57.3361	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	84.6145	84.6145	151,460
2. Resident Care Component	195.0300	233.9016	353,846
3. Property Cost Component	25.7687	25.7687	46,126
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>305.4132</b>	<b>344.2848</b>	<b>551,432</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028554400 - 2014/07

325.96

369.55

**Coletta Drive Group Home**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	79.658	183.328	262.986	79.658	224.301	303.959
2. Inflate Line 1 by Inflation Factor 1.02200452	81.411	187.362	268.772	81.411	229.236	310.647
3. Line 1 x 1.400 x Inflation Factor 1.03080632	82.112	188.975	271.087	82.112	231.211	313.323
4. Current Period Cost	84.615	195.030	279.645	84.615	233.902	318.516
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	82.112	188.975	271.087	82.112	231.211	313.323
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	82.112	188.975	271.087	82.112	231.211	313.323
12. Plus: Property Rate Component			25.769			25.769
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			296.856			339.091
15. Prospective Rate: Line 11 x Inflation (1.04251431)	85.603	197.010	282.612	85.603	241.040	326.643
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.603	197.010	282.612	85.603	241.040	326.643
19. Property Rate Component			25.769			25.769
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>308.38</b>			<b>352.41</b>
23. Medicaid Days		1,668			122	
24. Resident Days		1,668			122	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.35			6.07
29. Add-On (QAF less Rate Cut)			2.00			2.27
<b>30. Final Per Diem After Adjustments</b>			<b>325.96</b>			<b>369.55</b>



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

**028555200 - 2014/07**  
**RI:203.56 / NM:223.24**

**Gulfview**  
 2603 State Avenue  
 Panama City FL 32405

Provider Number: 028555200  
 Date: 6/27/2014  
 FYE: 12/31/2012  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>204.56</u>	<u>203.56</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>224.28</u>	<u>223.24</u>	<u>7/1/2014</u>

Rate Type:

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

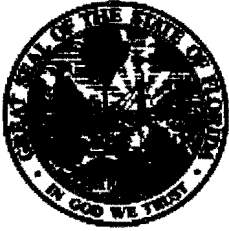
Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (2)  
 Home Office:  
 Residential CRF, Inc.  
 \_\_\_\_\_  
 1117 Central Avenue  
 \_\_\_\_\_  
 Connersville IN 47331  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 10/2013 to 07/2014

**028555200**

Provider Name: **Gulfview**  
 Provider Number: 28555200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 01/01/2012 - 12/31/2012  
 Days In Reporting Period: 366  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,065	1,098	2,163
2. Operating Expenses Component			
A. Administration			100,794
B. Plant Operation			17,769
C. Laundry			0
D. Housekeeping			2,659
E. Operating Expense Component & Per Diem	56.0435	56.0435	121,222
3. Resident Care			
A. Dietary			10,695
B. Other			0
C. Nursing			17,978
D. Resident Care & Per Diem	13.2561	13.2561	28,673
4. Prop Exp & Per Diem	15.5312	15.5312	33,594
5. ROE/Use Per Diem	0.4623	0.4623	1,000
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	798.75	1,098.00	1,896.75
3. Staffing Percent	42.1115065	57.8884935	100.00
4. Allocation of Direct Care	58,516.47	80,439.53	138,956.00
5. Direct Care Expense Per Diem	54.9450	73.2601	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,065	1,098	2,163
2. Additional Services	30,452	31,396	61,848
3. Additional Services Exp & Per Diem	28.5934	28.5938	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	56.0435	56.0435	121,222
2. Resident Care Component	96.7946	115.1100	229,477
3. Property Cost Component	15.5312	15.5312	33,594
4. ROE/Use Allow Component	0.4623	0.4623	1,000
<b>5 Total Cost Per Diem</b>	<b>168.8316</b>	<b>187.1470</b>	<b>385,293</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028555200 - 2014/07

203.56

223.24

**Gulfview**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	62.752	109.302	172.054	62.752	131.200	193.952
2. Inflate Line 1 by Inflation Factor 1.02197006	64.131	111.703	175.834	64.131	134.082	198.213
3. Line 1 x 1.400 x Inflation Factor 1.03075808	64.682	112.664	177.346	64.682	135.235	199.917
4. Current Period Cost	56.043	96.795	152.838	56.043	115.110	171.153
5. Incentive Basis (line 3 - line 4)	8.639	15.869		8.639	20.125	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.043	96.795	152.838	56.043	115.110	171.153
7. Incentive Line 5 x Oper 50% Res 50%	4.319	7.935	12.254	4.319	10.062	14.382
8. Incentive - Line 4 x Oper 10% Res 3%	5.604	2.904	8.508	5.604	3.453	9.058
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.319	2.904	7.223	4.319	3.453	7.773
10. Final Incentive	4.319	2.904	7.223	4.319	3.453	7.773
11. Current Period Base: (line 6 + line 10)	60.363	99.698	160.061	60.363	118.563	178.926
12. Plus: Property Rate Component			15.531			15.531
13. Plus: ROE/Use Rate			0.462			0.462
14. Total Current Period Base			176.055			194.920
15. Prospective Rate: Line 11 x Inflation (1.05412531)	63.630	105.095	168.725	63.630	124.981	188.611
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	63.630	105.095	168.725	63.630	124.981	188.611
19. Property Rate Component			15.531			15.531
20. ROE Component + ROE Interim Component			0.462			0.462
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>184.72</b>			<b>204.60</b>
23. Medicaid Days		1,065			1,098	
24. Resident Days		1,065			1,098	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.34			3.66
29. Add-On (QAF less Rate Cut)			1.25			1.37
<b>30. Final Per Diem After Adjustments</b>			<b>203.56</b>			<b>223.24</b>



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

**028557900 - 2014/07**  
**RI:243.95**

**Sunrise 148th Court**  
 5436 S.W. 148th Court  
 Miami FL 33185

Provider Number: 028557900  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.04</u>	<u>243.95</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028557900

Provider Name: **Sunrise 148th Court**  
 Provider Number: 28557900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			56,479
B. Plant Operation			32,066
C. Laundry			1,288
D. Housekeeping			873
E. Operating Expense Component & Per Diem	41.4183	0.0000	90,706
3. Resident Care			
A. Dietary			14,687
B. Other			57,155
C. Nursing			1,193
D. Resident Care & Per Diem	33.3493	0.0000	73,035
4. Prop Exp & Per Diem	16.2644	0.0000	35,619
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	250,457.00		250,457.00
5. Direct Care Expense Per Diem	114.3639		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	18,172		18,172
3. Additional Services Exp & Per Diem	8.2977		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	41.4183		90,706
2. Resident Care Component	156.0110		341,664
3. Property Cost Component	16.2644		35,619
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>213.6936</b>		<b>467,989</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028557900 - 2014/07

243.95

0.00

**Sunrise 148th Court**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.008	155.918	197.925			
2. Inflate Line 1 by Inflation Factor 1.02200452	42.932	159.349	202.281			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	43.302	160.721	204.023			
4. Current Period Cost	41.418	156.011	197.429			
5. Incentive Basis (line 3 - line 4)	1.884	4.710		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.418	156.011	197.429			
7. Incentive Line 5 x Oper 50% Res 50%	0.942	2.355	3.297	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.142	4.680	8.822	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.942	2.355	3.297	0.000	0.000	0.000
10. Final Incentive	0.942	2.355	3.297	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.360	158.366	200.726	0.000	0.000	0.000
12. Plus: Property Rate Component			16.264			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			216.990			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	44.161	165.099	209.260	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	44.161	165.099	209.260	0.000	0.000	0.000
19. Property Rate Component			16.264			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>225.52</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.00			0.00
29. Add-On (QAF less Rate Cut)			1.50			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>243.95</b>			<b>0.00</b>



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

**028558700 - 2014/07**  
**RI:226.73**

**Sunrise Oakmont**  
 19420 W. Oakmont Drive  
 Miami Lakes FL 33015

Provider Number: 028558700  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>227.78</u>	<u>226.73</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (11)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028558700**

Provider Name: **Sunrise Oakmont**  
 Provider Number: 28558700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,104	0	2,104
2. Operating Expenses Component			
A. Administration			53,035
B. Plant Operation			23,880
C. Laundry			1,339
D. Housekeeping			2,502
E. Operating Expense Component & Per Diem	38.3821	0.0000	80,756
3. Resident Care			
A. Dietary			22,024
B. Other			42,794
C. Nursing			187
D. Resident Care & Per Diem	30.8959	0.0000	65,005
4. Prop Exp & Per Diem	16.3603	0.0000	34,422
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,578.00		1,578.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	232,076.00		232,076.00
5. Direct Care Expense Per Diem	110.3023		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,104		2,104
2. Additional Services	569		569
3. Additional Services Exp & Per Diem	0.2704		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	38.3821		80,756
2. Resident Care Component	141.4686		297,650
3. Property Cost Component	16.3603		34,422
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>196.2110</b>		<b>412,828</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028558700 - 2014/07

226.73

0.00

**Sunrise Oakmont**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	41.897	140.526	182.423			
2. Inflate Line 1 by Inflation Factor 1.02200452	42.819	143.618	186.437			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	43.188	144.855	188.043			
4. Current Period Cost	38.382	141.469	179.851			
5. Incentive Basis (line 3 - line 4)	4.806	3.386		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	38.382	141.469	179.851			
7. Incentive Line 5 x Oper 50% Res 50%	2.403	1.693	4.096	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.838	4.244	8.082	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.403	1.693	4.096	0.000	0.000	0.000
10. Final Incentive	2.403	1.693	4.096	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.785	143.162	183.947	0.000	0.000	0.000
12. Plus: Property Rate Component			16.360			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			200.307			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	42.519	149.248	191.767	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	42.519	149.248	191.767	0.000	0.000	0.000
19. Property Rate Component			16.360			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>208.13</b>			<b>0.00</b>
23. Medicaid Days		2,104				0
24. Resident Days		2,104				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.72			0.00
29. Add-On (QAF less Rate Cut)			1.39			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>226.73</b>			<b>0.00</b>



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

**028559500 - 2014/07**  
**RI:228.73**

**Sunrise 53rd Ct.**  
 10228 S.W. 53rd Court  
 Cooper City FL 33328

Provider Number: 028559500  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>229.82</u>	<u>228.73</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (10)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028559500

Provider Name: **Sunrise 53rd Ct.**  
 Provider Number: 28559500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,057	0	2,057
2. Operating Expenses Component			
A. Administration			59,735
B. Plant Operation			24,790
C. Laundry			1,271
D. Housekeeping			2,481
E. Operating Expense Component & Per Diem	42.9154	0.0000	88,277
3. Resident Care			
A. Dietary			20,985
B. Other			43,096
C. Nursing			7,351
D. Resident Care & Per Diem	34.7263	0.0000	71,432
4. Prop Exp & Per Diem	18.1230	0.0000	37,279
5. ROE/Use Per Diem	0.2003	0.0000	412
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,542.75		1,542.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	273,876.00		273,876.00
5. Direct Care Expense Per Diem	133.1434		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,057		2,057
2. Additional Services	3,775		3,775
3. Additional Services Exp & Per Diem	1.8352		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	42.9154		88,277
2. Resident Care Component	169.7049		349,083
3. Property Cost Component	18.1230		37,279
4. ROE/Use Allow Component	0.2003		412
<b>5 Total Cost Per Diem</b>	<b>230.9436</b>		<b>475,051</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028559500 - 2014/07**

**228.73**

**0.00**

Sunrise 53rd Ct.

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.551	136.410	178.961			
2. Inflate Line 1 by Inflation Factor 1.02200452	43.487	139.412	182.899			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	43.862	140.612	184.474			
4. Current Period Cost	42.915	169.705	212.620			
5. Incentive Basis (line 3 - line 4)	0.946	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	42.915	140.612	183.528			
7. Incentive Line 5 x Oper 50% Res 50%	0.473	0.000	0.473	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	4.292	0.000	4.292	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.473	0.000	0.473	0.000	0.000	0.000
10. Final Incentive	0.473	0.000	0.473	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	43.389	140.612	184.001	0.000	0.000	0.000
12. Plus: Property Rate Component			18.123			0.000
13. Plus: ROE/Use Rate			0.200			0.000
14. Total Current Period Base			202.324			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	45.233	146.590	191.823	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	45.233	146.590	191.823	0.000	0.000	0.000
19. Property Rate Component			18.123			0.000
20. ROE Component + ROE Interim Component			0.200			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>210.15</b>			<b>0.00</b>
23. Medicaid Days		2,057			0	
24. Resident Days		2,057			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.75			0.00
29. Add-On (QAF less Rate Cut)			1.41			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>228.73</b>			<b>0.00</b>



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

**028560900 - 2014/07**  
**RI:225.39**

**Sunrise 55th Court**  
 8430 S.W. 55th Court  
 Davie FL 33328

Provider Number: 028560900  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>226.34</u>	<u>225.39</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (10)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028560900**

Provider Name: **Sunrise 55th Court**  
 Provider Number: 28560900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,178	0	2,178
2. Operating Expenses Component			
A. Administration			55,276
B. Plant Operation			26,252
C. Laundry			1,419
D. Housekeeping			2,230
E. Operating Expense Component & Per Diem	39.1079	0.0000	85,177
3. Resident Care			
A. Dietary			21,067
B. Other			44,911
C. Nursing			0
D. Resident Care & Per Diem	30.2929	0.0000	65,978
4. Prop Exp & Per Diem	9.3421	0.0000	20,347
5. ROE/Use Per Diem	0.1699	0.0000	370
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,633.50		1,633.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	243,199.00		243,199.00
5. Direct Care Expense Per Diem	111.6616		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,178		2,178
2. Additional Services	3,126		3,126
3. Additional Services Exp & Per Diem	1.4353		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	39.1079		85,177
2. Resident Care Component	143.3898		312,303
3. Property Cost Component	9.3421		20,347
4. ROE/Use Allow Component	0.1699		370
<b>5 Total Cost Per Diem</b>	<b>192.0096</b>		<b>418,197</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028560900 - 2014/07

225.39

0.00

**Sunrise 55th Court**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	43.809	146.268	190.077			
2. Inflate Line 1 by Inflation Factor 1.02200452	44.773	149.487	194.260			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	45.158	150.774	195.933			
4. Current Period Cost	39.108	143.390	182.498			
5. Incentive Basis (line 3 - line 4)	6.050	7.385		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.108	143.390	182.498			
7. Incentive Line 5 x Oper 50% Res 50%	3.025	3.692	6.718	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.911	4.302	8.212	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.025	3.692	6.718	0.000	0.000	0.000
10. Final Incentive	3.025	3.692	6.718	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	42.133	147.082	189.215	0.000	0.000	0.000
12. Plus: Property Rate Component			9.342			0.000
13. Plus: ROE/Use Rate			0.170			0.000
14. Total Current Period Base			198.727			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	43.924	153.335	197.260	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	43.924	153.335	197.260	0.000	0.000	0.000
19. Property Rate Component			9.342			0.000
20. ROE Component + ROE Interim Component			0.170			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>206.77</b>			<b>0.00</b>
23. Medicaid Days		2,178				0
24. Resident Days		2,178				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.70			0.00
29. Add-On (QAF less Rate Cut)			1.39			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>225.39</b>			<b>0.00</b>





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

**028561700 - 2014/07**  
**RI:237.99**

**Sunrise Wentworth**  
 18711 Wentworth Drive  
 Miami Lakes FL 33015

Provider Number: 028561700  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.08</u>	<u>237.99</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (10)  
 Home Office:  
Sunrise Community, Inc.  
9040 Sunset Drive Suite 70-A  
Miami FL 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028561700**

Provider Name: **Sunrise Wentworth**  
 Provider Number: 28561700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			54,944
B. Plant Operation			19,136
C. Laundry			1,365
D. Housekeeping			1,942
E. Operating Expense Component & Per Diem	35.3365	0.0000	77,387
3. Resident Care			
A. Dietary			19,450
B. Other			44,880
C. Nursing			437
D. Resident Care & Per Diem	29.5740	0.0000	64,767
4. Prop Exp & Per Diem	18.1840	0.0000	39,823
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	263,383.00		263,383.00
5. Direct Care Expense Per Diem	120.2662		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	980		980
3. Additional Services Exp & Per Diem	0.4475		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	35.3365		77,387
2. Resident Care Component	150.2877		329,130
3. Property Cost Component	18.1840		39,823
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>203.8082</b>		<b>446,340</b>



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028561700 - 2014/07**

**237.99**

**0.00**

**Sunrise Wentworth**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.049	160.738	200.787			
2. Inflate Line 1 by Inflation Factor 1.02200452	40.930	164.275	205.205			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	41.283	165.689	206.972			
4. Current Period Cost	35.337	150.288	185.624			
5. Incentive Basis (line 3 - line 4)	5.946	15.402		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	35.337	150.288	185.624			
7. Incentive Line 5 x Oper 50% Res 50%	2.973	7.701	10.674	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.534	4.509	8.042	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.973	4.509	7.482	0.000	0.000	0.000
10. Final Incentive	2.973	4.509	7.482	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	38.310	154.796	193.106	0.000	0.000	0.000
12. Plus: Property Rate Component			18.184			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			211.290			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	39.938	161.377	201.316	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.938	161.377	201.316	0.000	0.000	0.000
19. Property Rate Component			18.184			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>219.50</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			3.91			0.00
29. Add-On (QAF less Rate Cut)			1.46			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>237.99</b>			<b>0.00</b>



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

**028563300 - 2014/07**  
**RI:301.63**

**TUNIS STREET GROUP HOME**  
 4748 Tunis Street  
 Jacksonville FL 32210

Provider Number: 028563300  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>302.82</u>	<u>301.63</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

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

10140 Linn Station Road  
Louisville KY 40223

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028563300**

Provider Name: **TUNIS STREET GROUP HOME**  
 Provider Number: 28563300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,186	0	2,186
2. Operating Expenses Component			
A. Administration			117,290
B. Plant Operation			27,994
C. Laundry			1,229
D. Housekeeping			1,966
E. Operating Expense Component & Per Diem	67.9227	0.0000	148,479
3. Resident Care			
A. Dietary			18,903
B. Other			0
C. Nursing			45,284
D. Resident Care & Per Diem	29.3628	0.0000	64,187
4. Prop Exp & Per Diem	15.2420	0.0000	33,319
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,639.50		1,639.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	214,200.00		214,200.00
5. Direct Care Expense Per Diem	97.9872		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,186		2,186
2. Additional Services	111,906		111,906
3. Additional Services Exp & Per Diem	51.1921		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	67.9227		148,479
2. Resident Care Component	178.5421		390,293
3. Property Cost Component	15.2420		33,319
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>261.7068</b>		<b>572,091</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028563300 - 2014/07

301.63

0.00

**TUNIS STREET GROUP HOME**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.108	188.109	265.217			
2. Inflate Line 1 by Inflation Factor 1.02200452	78.805	192.248	271.053			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	79.484	193.904	273.388			
4. Current Period Cost	67.923	178.542	246.465			
5. Incentive Basis (line 3 - line 4)	11.561	15.362		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.923	178.542	246.465			
7. Incentive Line 5 x Oper 50% Res 50%	5.781	7.681	13.461	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.792	5.356	12.149	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.781	5.356	11.137	0.000	0.000	0.000
10. Final Incentive	5.781	5.356	11.137	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.703	183.898	257.602	0.000	0.000	0.000
12. Plus: Property Rate Component			15.242			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			272.844			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	76.837	191.717	268.553	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	76.837	191.717	268.553	0.000	0.000	0.000
19. Property Rate Component			15.242			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>283.80</b>			<b>0.00</b>
23. Medicaid Days		2,186				0
24. Resident Days		2,186				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.95			0.00
29. Add-On (QAF less Rate Cut)			1.85			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>301.63</b>			<b>0.00</b>



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

**028565000 - 2014/07**  
**RI:317.88 / NM:386.93**

**LAKEVIEW COURT**  
 920 W. Kennedy Blvd  
 Orlando FL 32810

Provider Number: 028565000  
 Date: 6/27/2014  
 FYE: 11/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>319.11</u>	<u>317.88</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>388.70</u>	<u>386.93</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 DSI  
 \_\_\_\_\_  
 P.O. BOX 2064  
 \_\_\_\_\_  
 WINTER PARK FL 32790  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2014 to 07/2014

**028565000**

Provider Name: **LAKEVIEW COURT**  
 Provider Number: 28565000  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Pridgeon, Chant  
 Rate Semester: July, 2014  
 Cost Report: 12/01/2012 - 11/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	11,151	11,684	22,835
2. Operating Expenses Component			
A. Administration			1,328,160
B. Plant Operation			402,694
C. Laundry			41,481
D. Housekeeping			20,955
E. Operating Expense Component & Per Diem	78.5325	78.5325	1,793,290
3. Resident Care			
A. Dietary			576,106
B. Other			75,928
C. Nursing			768,500
D. Resident Care & Per Diem	62.2086	62.2086	1,420,534
4. Prop Exp & Per Diem	24.4168	24.4168	557,557
5. ROE/Use Per Diem	0.0451	0.0451	1,029
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,575.50	11,684.00	17,259.50
3. Staffing Percent	32.3039486	67.6960514	100.00
4. Allocation of Direct Care	736,091.66	1,542,551.34	2,278,643.00
5. Direct Care Expense Per Diem	66.0113	132.0225	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	11,151	11,684	22,835
2. Additional Services	672,388	704,529	1,376,917
3. Additional Services Exp & Per Diem	60.2984	60.2986	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	78.5325	78.5325	1,793,290
2. Resident Care Component	188.5183	254.5298	5,076,094
3. Property Cost Component	24.4168	24.4168	557,557
4. ROE/Use Allow Component	0.0451	0.0451	1,029
<b>5 Total Cost Per Diem</b>	<b>291.5127</b>	<b>357.5241</b>	<b>7,427,970</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>028565000 - 2014/07</b>
<b>317.88</b>
<b>386.93</b>

**LAKEVIEW COURT**

Ownership:Private[3]

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

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited [3]	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	76.259	182.747	259.006	76.259	249.166	325.426
2. Inflate Line 1 by Inflation Factor 1.02066225	77.835	186.523	264.358	77.835	254.314	332.150
3. Line 1 x 1.400 x Inflation Factor 1.02892715	78.465	188.033	266.499	78.465	256.374	334.839
4. Current Period Cost	78.533	188.518	267.051	78.533	254.530	333.062
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	1.844	
6. Allowed Current Period Costs (Min of line 3 or 4)	78.465	188.033	266.499	78.465	254.530	332.995
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.922	0.922
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	7.636	7.636
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.922	0.922
10. Final Incentive	0.000	0.000	0.000	0.000	0.922	0.922
11. Current Period Base: (line 6 + line 10)	78.465	188.033	266.499	78.465	255.452	333.917
12. Plus: Property Rate Component			24.417			24.417
13. Plus: ROE/Use Rate			0.045			0.045
14. Total Current Period Base			290.960			358.379
15. Prospective Rate: Line 11 x Inflation (1.03471375)	81.189	194.560	275.750	81.189	264.319	345.509
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.189	194.560	275.750	81.189	264.319	345.509
19. Property Rate Component			24.417			24.417
20. ROE Component + ROE Interim Component			0.045			0.045
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>300.21</b>			<b>369.97</b>
23. Medicaid Days		11,151			11,684	
24. Resident Days		11,151			11,684	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.22			6.35
29. Add-On (QAF less Rate Cut)			1.95			2.38
<b>30. Final Per Diem After Adjustments</b>			<b>317.88</b>			<b>386.93</b>



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

**028566800 - 2014/07**  
**RI:314.08 / NM:372.76**

**WASHINGTON SQUARE**  
 1401 North U.S. Highway 1  
 Titusville FL 32796

Provider Number: 028566800  
 Date: 6/27/2014  
 FYE: 11/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>322.60</u>	<u>314.08</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>381.66</u>	<u>372.76</u>	<u>7/1/2014</u>

Rate Type:

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

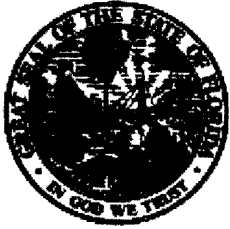
Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 DSI  
 \_\_\_\_\_  
 P.O. BOX 2064  
 \_\_\_\_\_  
 WINTER PARK FL 32790  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2014 to 07/2014

**028566800**

Provider Name: **WASHINGTON SQUARE**  
 Provider Number: 28566800  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Pridgeon, Chant  
 Rate Semester: July, 2014  
 Cost Report: 12/01/2012 - 11/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	4,803	18,127	22,930
2. Operating Expenses Component			
A. Administration			1,346,486
B. Plant Operation			323,666
C. Laundry			44,906
D. Housekeeping			27,608
E. Operating Expense Component & Per Diem	75.9994	75.9994	1,742,666
3. Resident Care			
A. Dietary			582,143
B. Other			91,597
C. Nursing			895,755
D. Resident Care & Per Diem	68.4472	68.4472	1,569,495
4. Prop Exp & Per Diem	23.7807	23.7807	545,291
5. ROE/Use Per Diem	0.0585	0.0585	1,341
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,401.50	18,127.00	20,528.50
3. Staffing Percent	11.6983706	88.3016294	100.00
4. Allocation of Direct Care	271,783.91	2,051,479.09	2,323,263.00
5. Direct Care Expense Per Diem	56.5863	113.1726	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	4,803	18,127	22,930
2. Additional Services	271,577	1,024,958	1,296,535
3. Additional Services Exp & Per Diem	56.5432	56.5432	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	75.9994	75.9994	1,742,666
2. Resident Care Component	181.5767	238.1630	5,189,293
3. Property Cost Component	23.7807	23.7807	545,291
4. ROE/Use Allow Component	0.0585	0.0585	1,341
<b>5 Total Cost Per Diem</b>	<b>281.4153</b>	<b>338.0015</b>	<b>7,478,591</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028566800 - 2014/07

314.08

372.76

**WASHINGTON SQUARE**

Ownership:Private[3]

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

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited [3]	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.523	184.125	261.648	77.523	240.496	318.019
2. Inflate Line 1 by Inflation Factor 1.02066225	79.125	187.929	267.054	79.125	245.465	324.590
3. Line 1 x 1.400 x Inflation Factor 1.02892715	79.766	189.451	269.217	79.766	247.453	327.218
4. Current Period Cost	75.999	181.577	257.576	75.999	238.163	314.162
5. Incentive Basis (line 3 - line 4)	3.766	7.874		3.766	9.290	
6. Allowed Current Period Costs (Min of line 3 or 4)	75.999	181.577	257.576	75.999	238.163	314.162
7. Incentive Line 5 x Oper 50% Res 50%	1.883	3.937	5.820	1.883	4.645	6.528
8. Incentive - Line 4 x Oper 10% Res 3%	7.600	5.447	13.047	7.600	7.145	14.745
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.883	3.937	5.820	1.883	4.645	6.528
10. Final Incentive	1.883	3.937	5.820	1.883	4.645	6.528
11. Current Period Base: (line 6 + line 10)	77.883	185.514	263.397	77.883	242.808	320.690
12. Plus: Property Rate Component			23.781			23.781
13. Plus: ROE/Use Rate			0.058			0.058
14. Total Current Period Base			287.236			344.530
15. Prospective Rate: Line 11 x Inflation (1.03471375)	80.586	191.954	272.540	80.586	251.237	331.823
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	80.586	191.954	272.540	80.586	251.237	331.823
19. Property Rate Component			23.781			23.781
20. ROE Component + ROE Interim Component			0.058			0.058
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>296.38</b>			<b>355.66</b>
23. Medicaid Days		4,803			18,127	
24. Resident Days		4,803			18,127	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.16			6.12
29. Add-On (QAF less Rate Cut)			1.93			2.29
<b>30. Final Per Diem After Adjustments</b>			<b>314.08</b>			<b>372.76</b>



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

**028567600 - 2014/07**  
**RI:307.37 / NM:364.32**

**HOWELL BRANCH COURT**  
 3664 Howell Branch Road  
 Winter Park FL 32792

Provider Number: 028567600  
 Date: 6/27/2014  
 FYE: 11/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.03</u>	<u>307.37</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>369.29</u>	<u>364.32</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (7)  
 Home Office:  
 DSI

P.O. BOX 2064  
WINTER PARK FL 32790

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2014 to 07/2014

028567600

Provider Name: **HOWELL BRANCH COURT**  
 Provider Number: 28567600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Pridgeon, Chant  
 Rate Semester: July, 2014  
 Cost Report: 12/01/2012 - 11/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	3,499	19,631	23,130
2. Operating Expenses Component			
A. Administration			1,293,069
B. Plant Operation			368,531
C. Laundry			41,464
D. Housekeeping			23,198
E. Operating Expense Component & Per Diem	74.6330	74.6330	1,726,262
3. Resident Care			
A. Dietary			571,653
B. Other			69,160
C. Nursing			838,697
D. Resident Care & Per Diem	63.9650	63.9650	1,479,510
4. Prop Exp & Per Diem	23.7346	23.7346	548,981
5. ROE/Use Per Diem	0.0295	0.0295	682
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,749.50	19,631.00	21,380.50
3. Staffing Percent	8.1826898	91.8173102	100.00
4. Allocation of Direct Care	192,331.18	2,158,132.82	2,350,464.00
5. Direct Care Expense Per Diem	54.9675	109.9349	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	3,499	19,631	23,130
2. Additional Services	213,735	1,199,155	1,412,890
3. Additional Services Exp & Per Diem	61.0846	61.0848	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	74.6330	74.6330	1,726,262
2. Resident Care Component	180.0170	234.9847	5,242,864
3. Property Cost Component	23.7346	23.7346	548,981
4. ROE/Use Allow Component	0.0295	0.0295	682
<b>5 Total Cost Per Diem</b>	<b>278.4141</b>	<b>333.3818</b>	<b>7,518,789</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

028567600 - 2014/07

307.37

364.32

**HOWELL BRANCH COURT**

Ownership:Private[3]

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

Eligibility factor :100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2012	11/30/2013	Unaudited [3]	201404
Prior Cost Report	12/1/2011	11/30/2012	Unaudited [3]	

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.786	178.113	251.899	73.786	232.771	306.557
2. Inflate Line 1 by Inflation Factor 1.02066225	75.310	181.793	257.104	75.310	237.581	312.891
3. Line 1 x 1.400 x Inflation Factor 1.02892715	75.920	183.265	259.186	75.920	239.505	315.425
4. Current Period Cost	74.633	180.017	254.650	74.633	234.985	309.618
5. Incentive Basis (line 3 - line 4)	1.287	3.248		1.287	4.520	
6. Allowed Current Period Costs (Min of line 3 or 4)	74.633	180.017	254.650	74.633	234.985	309.618
7. Incentive Line 5 x Oper 50% Res 50%	0.644	1.624	2.268	0.644	2.260	2.904
8. Incentive - Line 4 x Oper 10% Res 3%	7.463	5.401	12.864	7.463	7.050	14.513
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.644	1.624	2.268	0.644	2.260	2.904
10. Final Incentive	0.644	1.624	2.268	0.644	2.260	2.904
11. Current Period Base: (line 6 + line 10)	75.277	181.641	256.918	75.277	237.245	312.521
12. Plus: Property Rate Component			23.735			23.735
13. Plus: ROE/Use Rate			0.029			0.029
14. Total Current Period Base			280.682			336.285
15. Prospective Rate: Line 11 x Inflation (1.03471375)	77.890	187.947	265.836	77.890	245.480	323.370
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.890	187.947	265.836	77.890	245.480	323.370
19. Property Rate Component			23.735			23.735
20. ROE Component + ROE Interim Component			0.029			0.029
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>289.60</b>			<b>347.13</b>
23. Medicaid Days		3,499			19,631	
24. Resident Days		3,499			19,631	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.05			5.98
29. Add-On (QAF less Rate Cut)			1.89			2.24
<b>30. Final Per Diem After Adjustments</b>			<b>307.37</b>			<b>364.32</b>



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

**028568400 - 2014/07**  
**RI:247.40**

**Sunrise 157th Terrace**  
 9790 S. W. 157th Terrace  
 Miami FL 33157

Provider Number: 028568400  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>248.47</u>	<u>247.40</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (11)  
 Home Office:  
 Sunrise Community, Inc.  
 \_\_\_\_\_  
 9040 Sunset Drive Suite 70-A  
 \_\_\_\_\_  
 Miami FL 33173  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**028568400**

Provider Name: **Sunrise 157th Terrace**  
 Provider Number: 28568400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,189	0	2,189
2. Operating Expenses Component			
A. Administration			56,669
B. Plant Operation			19,778
C. Laundry			1,006
D. Housekeeping			665
E. Operating Expense Component & Per Diem	35.6866	0.0000	78,118
3. Resident Care			
A. Dietary			15,718
B. Other			56,937
C. Nursing			2,569
D. Resident Care & Per Diem	34.3646	0.0000	75,224
4. Prop Exp & Per Diem	14.2380	0.0000	31,167
5. ROE/Use Per Diem	0.9383	0.0000	2,054
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,641.75		1,641.75
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	258,024.00		258,024.00
5. Direct Care Expense Per Diem	117.8730		
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,189		2,189
2. Additional Services	20,350		20,350
3. Additional Services Exp & Per Diem	9.2965		
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	35.6866		78,118
2. Resident Care Component	161.5340		353,598
3. Property Cost Component	14.2380		31,167
4. ROE/Use Allow Component	0.9383		2,054
<b>5 Total Cost Per Diem</b>	<b>212.3970</b>		<b>464,937</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028568400 - 2014/07**

**247.40**

**0.00**

**Sunrise 157th Terrace**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.812	165.090	207.902			
2. Inflate Line 1 by Inflation Factor 1.02200452	43.754	168.723	212.477			
3. Line 1 x 1.400 x Inflation Factor 1.03080632	44.131	170.176	214.307			
4. Current Period Cost	35.687	161.534	197.221			
5. Incentive Basis (line 3 - line 4)	8.445	8.642		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	35.687	161.534	197.221			
7. Incentive Line 5 x Oper 50% Res 50%	4.222	4.321	8.543	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	3.569	4.846	8.415	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.569	4.321	7.889	0.000	0.000	0.000
10. Final Incentive	3.569	4.321	7.889	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	39.255	165.855	205.110	0.000	0.000	0.000
12. Plus: Property Rate Component			14.238			0.000
13. Plus: ROE/Use Rate			0.938			0.000
14. Total Current Period Base			220.286			0.000
15. Prospective Rate: Line 11 x Inflation (1.04251431)	40.924	172.906	213.830	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	40.924	172.906	213.830	0.000	0.000	0.000
19. Property Rate Component			14.238			0.000
20. ROE Component + ROE Interim Component			0.938			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>229.01</b>			<b>0.00</b>
23. Medicaid Days		2,189				0
24. Resident Days		2,189				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.06			0.00
29. Add-On (QAF less Rate Cut)			1.52			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>247.40</b>			<b>0.00</b>



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

**028569200 - 2014/07**  
**RI:296.13 / NM:341.61**

**Sunrise 145th St. Group Home**  
 14935 S.W. 145th Street  
 Miami Fl 33196

Provider Number: 028569200  
 Date: 6/27/2014  
 FYE: 6/30/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>297.49</u>	<u>296.13</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>343.08</u>	<u>341.61</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (11)  
 Home Office:  
Sunrise Community, Inc.  
9040 Sunset Drive Suite 70-A  
Miami Fl 33173

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

028569200

Provider Name: **Sunrise 145th St. Group Home**  
 Provider Number: 28569200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 07/01/2012 - 06/30/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	365	1,825	2,190
2. Operating Expenses Component			
A. Administration			76,223
B. Plant Operation			37,040
C. Laundry			994
D. Housekeeping			1,769
E. Operating Expense Component & Per Diem	52.9799	52.9799	116,026
3. Resident Care			
A. Dietary			15,059
B. Other			57,589
C. Nursing			7,021
D. Resident Care & Per Diem	36.3785	36.3785	79,669
4. Prop Exp & Per Diem	27.0046	27.0046	59,140
5. ROE/Use Per Diem	1.3721	1.3721	3,005
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	13.0434783	86.9565217	100.00
4. Allocation of Direct Care	47,449.30	316,328.70	363,778.00
5. Direct Care Expense Per Diem	129.9981	173.3308	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	5,036	25,179	30,215
3. Additional Services Exp & Per Diem	13.7973	13.7967	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	52.9799	52.9799	116,026
2. Resident Care Component	180.1739	223.5060	473,662
3. Property Cost Component	27.0046	27.0046	59,140
4. ROE/Use Allow Component	1.3721	1.3721	3,005
<b>5 Total Cost Per Diem</b>	<b>261.5305</b>	<b>304.8627</b>	<b>651,833</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**028569200 - 2014/07**

**296.13**

**341.61**

**Sunrise 145th St. Group Home**

Ownership: Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	59.624	179.208	238.832	59.624	222.698	282.321
2. Inflate Line 1 by Inflation Factor 1.02200452	60.936	183.152	244.087	60.936	227.598	288.534
3. Line 1 x 1.400 x Inflation Factor 1.03080632	61.460	184.729	246.189	61.460	229.558	291.019
4. Current Period Cost	52.980	180.174	233.154	52.980	223.506	276.486
5. Incentive Basis (line 3 - line 4)	8.480	4.555	13.035	8.480	6.052	14.532
6. Allowed Current Period Costs (Min of line 3 or 4)	52.980	180.174	233.154	52.980	223.506	276.486
7. Incentive Line 5 x Oper 50% Res 50%	4.240	2.278	6.518	4.240	3.026	7.266
8. Incentive - Line 4 x Oper 10% Res 3%	5.298	5.405	10.703	5.298	6.705	12.003
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.240	2.278	6.518	4.240	3.026	7.266
10. Final Incentive	4.240	2.278	6.518	4.240	3.026	7.266
11. Current Period Base: (line 6 + line 10)	57.220	182.451	239.672	57.220	226.532	283.752
12. Plus: Property Rate Component			27.005			27.005
13. Plus: ROE/Use Rate			1.372			1.372
14. Total Current Period Base			268.048			312.129
15. Prospective Rate: Line 11 x Inflation (1.04251431)	59.653	190.208	249.861	59.653	236.163	295.816
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	59.653	190.208	249.861	59.653	236.163	295.816
19. Property Rate Component			27.005			27.005
20. ROE Component + ROE Interim Component			1.372			1.372
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>278.24</b>			<b>324.19</b>
23. Medicaid Days		365			1,825	
24. Resident Days		365			1,825	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.86			5.61
29. Add-On (QAF less Rate Cut)			1.82			2.10
<b>30. Final Per Diem After Adjustments</b>			<b>296.13</b>			<b>341.61</b>



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

**031256800 - 2014/07**  
**RI:377.39 / NM:461.94**

**Mentor Avon Park Cluster**  
 55 East College Drive  
 Avon Park FL 33825

Provider Number: 031256800  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>373.40</u>	<u>377.39</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>463.43</u>	<u>461.94</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (14)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**031256800**

Provider Name: **Mentor Avon Park Cluster**  
 Provider Number: 31256800  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	0	8,437	8,437
2. Operating Expenses Component			
A. Administration			548,921
B. Plant Operation			185,629
C. Laundry			0
D. Housekeeping			132,594
E. Operating Expense Component & Per Diem	102.7787	102.7787	867,144
3. Resident Care			
A. Dietary			176,718
B. Other			0
C. Nursing			1,070,337
D. Resident Care & Per Diem	147.8079	147.8079	1,247,055
4. Prop Exp & Per Diem	10.7935	10.7935	91,065
5. ROE/Use Per Diem	0.2477	0.2477	2,090
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,437.00	8,437.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,113,130.00	1,113,130.00
5. Direct Care Expense Per Diem	65.9672	131.9343	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	0	8,437	8,437
2. Additional Services	0	203,878	203,878
3. Additional Services Exp & Per Diem	24.1648	24.1648	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	102.7787	102.7787	867,144
2. Resident Care Component	237.9398	303.9070	2,564,063
3. Property Cost Component	10.7935	10.7935	91,065
4. ROE/Use Allow Component	0.2477	0.2477	2,090
<b>5 Total Cost Per Diem</b>	<b>351.7597</b>	<b>417.7269</b>	<b>3,524,362</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031256800 - 2014/07**

**377.39**

**461.94**

**Mentor Avon Park Cluster**

Ownership: State Cluster[2]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	100.571	218.629	319.200	100.571	346.422	446.993
2. Inflate Line 1 by Inflation Factor 1.02193755	102.778	223.425	326.203	102.778	354.022	456.799
3. Line 1 x 1.400 x Inflation Factor 1.03071257	103.660	225.344	329.004	103.660	357.062	460.722
4. Current Period Cost	102.779	237.940	340.719	102.779	303.907	406.686
5. Incentive Basis (line 3 - line 4)	0.881	0.000		0.881	53.155	
6. Allowed Current Period Costs (Min of line 3 or 4)	102.779	225.344	328.122	102.779	303.907	406.686
7. Incentive Line 5 x Oper 50% Res 50%	0.441	0.000	0.441	0.441	26.577	27.018
8. Incentive - Line 4 x Oper 10% Res 3%	10.278	0.000	10.278	10.278	9.117	19.395
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.441	0.000	0.441	0.441	9.117	9.558
10. Final Incentive	0.441	0.000	0.441	0.441	9.117	9.558
11. Current Period Base: (line 6 + line 10)	103.219	225.344	328.563	103.219	313.024	416.244
12. Plus: Property Rate Component			10.794			10.794
13. Plus: ROE/Use Rate			0.248			0.248
14. Total Current Period Base			339.604			427.285
15. Prospective Rate: Line 11 x Inflation (1.04436885)	107.799	235.342	343.141	107.799	326.913	434.712
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	107.799	235.342	343.141	107.799	326.913	434.712
19. Property Rate Component			10.794			10.794
20. ROE Component + ROE Interim Component			0.248			0.248
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>354.18</b>			<b>445.75</b>
23. Medicaid Days			0		8,437	
24. Resident Days			0		8,437	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.58
29. Add-On (QAF less Rate Cut)			2.28			2.84
<b>30. Final Per Diem After Adjustments</b>			<b>377.39</b>			<b>461.94</b>





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

**031257600 - 2014/07**  
**RI:370.76 / NM:473.92**

**Mentor Eagle Watch Cluster**  
 1725 Fifth Street  
 Daytona Beach FL 32117

Provider Number: 031257600  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>363.56</u>	<u>370.76</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>465.12</u>	<u>473.92</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (12)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**031257600**

Provider Name: **Mentor Eagle Watch Cluster**  
 Provider Number: 31257600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,168	6,409	8,577
2. Operating Expenses Component			
A. Administration			506,356
B. Plant Operation			169,597
C. Laundry			0
D. Housekeeping			102,359
E. Operating Expense Component & Per Diem	90.7441	90.7441	778,312
3. Resident Care			
A. Dietary			232,411
B. Other			0
C. Nursing			709,749
D. Resident Care & Per Diem	109.8473	109.8473	942,160
4. Prop Exp & Per Diem	9.6649	9.6649	82,896
5. ROE/Use Per Diem	0.5334	0.5334	4,575
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,084.00	6,409.00	7,493.00
3. Staffing Percent	14.4668357	85.5331643	100.00
4. Allocation of Direct Care	210,043.84	1,241,855.16	1,451,899.00
5. Direct Care Expense Per Diem	96.8837	193.7674	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,168	6,409	8,577
2. Additional Services	38,794	114,681	153,475
3. Additional Services Exp & Per Diem	17.8939	17.8937	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	90.7441	90.7441	778,312
2. Resident Care Component	224.6249	321.5084	2,547,534
3. Property Cost Component	9.6649	9.6649	82,896
4. ROE/Use Allow Component	0.5334	0.5334	4,575
<b>5 Total Cost Per Diem</b>	<b>325.5673</b>	<b>422.4508</b>	<b>3,413,317</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

031257600 - 2014/07

370.76

473.92

**Mentor Eagle Watch Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.116	241.873	342.989	101.116	339.860	440.977
2. Inflate Line 1 by Inflation Factor 1.02193755	103.335	247.179	350.513	103.335	347.316	450.651
3. Line 1 x 1.400 x Inflation Factor 1.03071257	104.222	249.301	353.523	104.222	350.298	454.520
4. Current Period Cost	90.744	224.625	315.369	90.744	321.508	412.252
5. Incentive Basis (line 3 - line 4)	13.478	24.676		13.478	28.790	
6. Allowed Current Period Costs (Min of line 3 or 4)	90.744	224.625	315.369	90.744	321.508	412.252
7. Incentive Line 5 x Oper 50% Res 50%	6.739	12.338	19.077	6.739	14.395	21.134
8. Incentive - Line 4 x Oper 10% Res 3%	9.074	6.739	15.813	9.074	9.645	18.720
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.739	6.739	13.478	6.739	9.645	16.384
10. Final Incentive	6.739	6.739	13.478	6.739	9.645	16.384
11. Current Period Base: (line 6 + line 10)	97.483	231.364	328.847	97.483	331.154	428.637
12. Plus: Property Rate Component			9.665			9.665
13. Plus: ROE/Use Rate			0.533			0.533
14. Total Current Period Base			339.045			438.835
15. Prospective Rate: Line 11 x Inflation (1.04436885)	101.808	241.629	343.437	101.808	345.847	447.655
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	101.808	241.629	343.437	101.808	345.847	447.655
19. Property Rate Component			9.665			9.665
20. ROE Component + ROE Interim Component			0.533			0.533
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>353.64</b>			<b>457.85</b>
23. Medicaid Days		2,168			6,409	
24. Resident Days		2,168			6,409	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			6.09			7.78
29. Add-On (QAF less Rate Cut)			2.28			2.91
<b>30. Final Per Diem After Adjustments</b>			<b>370.76</b>			<b>473.92</b>



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

**031258400 - 2014/07**  
**RI:366.88 / NM:465.82**

**Mentor Point West Cluster**  
 4550 Ricker Road  
 Jacksonville FL 32231

Provider Number: 031258400  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>368.18</u>	<u>366.88</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>467.33</u>	<u>465.82</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 National Mentor Healthcare, LLC  
 3258 Parkside Center Circle  
 Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**031258400**

Provider Name: **Mentor Point West Cluster**  
 Provider Number: 31258400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	529	7,993	8,522
2. Operating Expenses Component			
A. Administration			521,821
B. Plant Operation			224,180
C. Laundry			0
D. Housekeeping			102,762
E. Operating Expense Component & Per Diem	99.5967	99.5967	848,763
3. Resident Care			
A. Dietary			161,188
B. Other			0
C. Nursing			700,515
D. Resident Care & Per Diem	101.1151	101.1151	861,703
4. Prop Exp & Per Diem	11.3987	11.3987	97,140
5. ROE/Use Per Diem	0.7846	0.7846	6,686
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	264.50	7,993.00	8,257.50
3. Staffing Percent	3.2031487	96.7968513	100.00
4. Allocation of Direct Care	49,153.12	1,485,371.88	1,534,525.00
5. Direct Care Expense Per Diem	92.9170	185.8341	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	529	7,993	8,522
2. Additional Services	10,428	157,575	168,003
3. Additional Services Exp & Per Diem	19.7127	19.7141	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	99.5967	99.5967	848,763
2. Resident Care Component	213.7448	306.6633	2,564,231
3. Property Cost Component	11.3987	11.3987	97,140
4. ROE/Use Allow Component	0.7846	0.7846	6,686
<b>5 Total Cost Per Diem</b>	<b>325.5248</b>	<b>418.4433</b>	<b>3,516,820</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031258400 - 2014/07**

**366.88**

**465.82**

**Mentor Point West Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	103.307	242.466	345.773	103.307	341.905	445.212
2. Inflate Line 1 by Inflation Factor 1.02193755	105.573	247.785	353.358	105.573	349.406	454.979
3. Line 1 x 1.400 x Inflation Factor 1.03071257	106.480	249.912	356.392	106.480	352.406	458.886
4. Current Period Cost	99.597	213.745	313.342	99.597	306.663	406.260
5. Incentive Basis (line 3 - line 4)	6.883	36.168		6.883	45.743	
6. Allowed Current Period Costs (Min of line 3 or 4)	99.597	213.745	313.342	99.597	306.663	406.260
7. Incentive Line 5 x Oper 50% Res 50%	3.442	18.084	21.525	3.442	22.871	26.313
8. Incentive - Line 4 x Oper 10% Res 3%	9.960	6.412	16.372	9.960	9.200	19.160
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.442	6.412	9.854	3.442	9.200	12.641
10. Final Incentive	3.442	6.412	9.854	3.442	9.200	12.641
11. Current Period Base: (line 6 + line 10)	103.038	220.157	323.195	103.038	315.863	418.901
12. Plus: Property Rate Component			11.399			11.399
13. Plus: ROE/Use Rate			0.785			0.785
14. Total Current Period Base			335.379			431.085
15. Prospective Rate: Line 11 x Inflation (1.04436885)	107.610	229.925	337.535	107.610	329.878	437.488
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	107.610	229.925	337.535	107.610	329.878	437.488
19. Property Rate Component			11.399			11.399
20. ROE Component + ROE Interim Component			0.785			0.785
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>349.72</b>			<b>449.67</b>
23. Medicaid Days		529			7,993	
24. Resident Days		529			7,993	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			6.02			7.65
29. Add-On (QAF less Rate Cut)			2.25			2.86
<b>30. Final Per Diem After Adjustments</b>			<b>366.88</b>			<b>465.82</b>



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

**031259200 - 2014/07**  
**RI:368.48 / NM:460.09**

**Mentor Hodges Cluster**  
 3615 Hodges Boulevard  
 Jacksonville FL 32224

Provider Number: 031259200  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>369.76</u>	<u>368.48</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>461.58</u>	<u>460.09</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa FL 33619

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Profile Sheet  
Rate Period(s) 04/2014 to 07/2014

**031259200**

Provider Name: **Mentor Hodges Cluster**  
Provider Number: 31259200  
Audit Status: Unaudited [3]  
Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	122	7,899	8,021
2. Operating Expenses Component			
A. Administration			485,456
B. Plant Operation			216,490
C. Laundry			0
D. Housekeeping			80,245
E. Operating Expense Component & Per Diem	97.5179	97.5179	782,191
3. Resident Care			
A. Dietary			91,058
B. Other			0
C. Nursing			870,897
D. Resident Care & Per Diem	119.9296	119.9296	961,955
4. Prop Exp & Per Diem	10.2048	10.2048	81,853
5. ROE/Use Per Diem	0.6387	0.6387	5,123
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	61.00	7,899.00	7,960.00
3. Staffing Percent	0.7663317	99.2336683	100.00
4. Allocation of Direct Care	10,074.65	1,304,584.35	1,314,659.00
5. Direct Care Expense Per Diem	82.5791	165.1582	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	122	7,899	8,021
2. Additional Services	2,505	162,157	164,662
3. Additional Services Exp & Per Diem	20.5328	20.5288	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	97.5179	97.5179	782,191
2. Resident Care Component	223.0414	305.6165	2,441,276
3. Property Cost Component	10.2048	10.2048	81,853
4. ROE/Use Allow Component	0.6387	0.6387	5,123
<b>5 Total Cost Per Diem</b>	<b>331.4029</b>	<b>413.9780</b>	<b>3,310,443</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031259200 - 2014/07**

**368.48**

**460.09**

**Mentor Hodges Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	102.148	219.460	321.608	102.148	311.303	413.451
2. Inflate Line 1 by Inflation Factor 1.02193755	104.389	224.275	328.663	104.389	318.133	422.521
3. Line 1 x 1.400 x Inflation Factor 1.03071257	105.285	226.201	331.486	105.285	320.864	426.149
4. Current Period Cost	97.518	223.041	320.559	97.518	305.617	403.134
5. Incentive Basis (line 3 - line 4)	7.767	3.159		7.767	15.248	
6. Allowed Current Period Costs (Min of line 3 or 4)	97.518	223.041	320.559	97.518	305.617	403.134
7. Incentive Line 5 x Oper 50% Res 50%	3.884	1.580	5.463	3.884	7.624	11.507
8. Incentive - Line 4 x Oper 10% Res 3%	9.752	6.691	16.443	9.752	9.168	18.920
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.884	1.580	5.463	3.884	7.624	11.507
10. Final Incentive	3.884	1.580	5.463	3.884	7.624	11.507
11. Current Period Base: (line 6 + line 10)	101.401	224.621	326.022	101.401	313.240	414.642
12. Plus: Property Rate Component			10.205			10.205
13. Plus: ROE/Use Rate			0.639			0.639
14. Total Current Period Base			336.866			425.485
15. Prospective Rate: Line 11 x Inflation (1.04436885)	105.900	234.587	340.488	105.900	327.139	433.039
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.900	234.587	340.488	105.900	327.139	433.039
19. Property Rate Component			10.205			10.205
20. ROE Component + ROE Interim Component			0.639			0.639
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>351.33</b>			<b>443.88</b>
23. Medicaid Days		122			7,899	
24. Resident Days		122			7,899	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			6.05			7.55
29. Add-On (QAF less Rate Cut)			2.26			2.83
<b>30. Final Per Diem After Adjustments</b>			<b>368.48</b>			<b>460.09</b>



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

**031260600 - 2014/07**  
**RI:354.89 / NM:444.33**

**Mentor Kinkaid Cluster**  
 5808 Kinkaid Road  
 Jacksonville FL 32244

Provider Number: 031260600  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>356.19</u>	<u>354.89</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>445.82</u>	<u>444.33</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**031260600**

Provider Name: **Mentor Kinkaid Cluster**  
 Provider Number: 31260600  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	755	7,694	8,449
2. Operating Expenses Component			
A. Administration			478,946
B. Plant Operation			198,830
C. Laundry			0
D. Housekeeping			112,245
E. Operating Expense Component & Per Diem	93.5047	93.5047	790,021
3. Resident Care			
A. Dietary			159,057
B. Other			0
C. Nursing			680,449
D. Resident Care & Per Diem	99.3616	99.3616	839,506
4. Prop Exp & Per Diem	12.5736	12.5736	106,234
5. ROE/Use Per Diem	1.2955	1.2955	10,946
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	377.50	7,694.00	8,071.50
3. Staffing Percent	4.6769498	95.3230502	100.00
4. Allocation of Direct Care	63,420.14	1,292,594.86	1,356,015.00
5. Direct Care Expense Per Diem	84.0002	168.0004	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	755	7,694	8,449
2. Additional Services	15,956	162,600	178,556
3. Additional Services Exp & Per Diem	21.1338	21.1334	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	93.5047	93.5047	790,021
2. Resident Care Component	204.4955	288.4953	2,374,077
3. Property Cost Component	12.5736	12.5736	106,234
4. ROE/Use Allow Component	1.2955	1.2955	10,946
<b>5 Total Cost Per Diem</b>	<b>311.8693</b>	<b>395.8691</b>	<b>3,281,278</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031260600 - 2014/07**

<b>354.89</b>
<b>444.33</b>

**Mentor Kinkaid Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	102.067	224.306	326.373	102.067	320.530	422.597
2. Inflate Line 1 by Inflation Factor 1.02193755	104.306	229.227	333.533	104.306	327.562	431.868
3. Line 1 x 1.400 x Inflation Factor 1.03071257	105.202	231.195	336.397	105.202	330.375	435.577
4. Current Period Cost	93.505	204.496	298.000	93.505	288.495	382.000
5. Incentive Basis (line 3 - line 4)	11.697	26.700		11.697	41.879	
6. Allowed Current Period Costs (Min of line 3 or 4)	93.505	204.496	298.000	93.505	288.495	382.000
7. Incentive Line 5 x Oper 50% Res 50%	5.849	13.350	19.198	5.849	20.940	26.788
8. Incentive - Line 4 x Oper 10% Res 3%	9.350	6.135	15.485	9.350	8.655	18.005
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.849	6.135	11.983	5.849	8.655	14.503
10. Final Incentive	5.849	6.135	11.983	5.849	8.655	14.503
11. Current Period Base: (line 6 + line 10)	99.353	210.630	309.984	99.353	297.150	396.503
12. Plus: Property Rate Component			12.574			12.574
13. Plus: ROE/Use Rate			1.296			1.296
14. Total Current Period Base			323.853			410.373
15. Prospective Rate: Line 11 x Inflation (1.04436885)	103.761	219.976	323.737	103.761	310.334	414.096
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	103.761	219.976	323.737	103.761	310.334	414.096
19. Property Rate Component			12.574			12.574
20. ROE Component + ROE Interim Component			1.296			1.296
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>337.61</b>			<b>427.96</b>
23. Medicaid Days		755			7,694	
24. Resident Days		755			7,694	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.83			7.29
29. Add-On (QAF less Rate Cut)			2.18			2.73
<b>30. Final Per Diem After Adjustments</b>			<b>354.89</b>			<b>444.33</b>



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

**031261400 - 2014/07**  
**RI:378.64 / NM:454.30**

**Mentor Flamingo Cluster**  
 1285 Flamingo Drive  
 Lantana FL 33462

Provider Number: 031261400  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>374.65</u>	<u>378.64</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>455.80</u>	<u>454.30</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (9)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031261400

Provider Name: **Mentor Flamingo Cluster**  
 Provider Number: 31261400  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,360	8,360
2. Operating Expenses Component			
A. Administration			456,160
B. Plant Operation			273,063
C. Laundry			0
D. Housekeeping			40,361
E. Operating Expense Component & Per Diem	92.0555	92.0555	769,584
3. Resident Care			
A. Dietary			121,353
B. Other			0
C. Nursing			853,023
D. Resident Care & Per Diem	116.5522	116.5522	974,376
4. Prop Exp & Per Diem	11.9237	11.9237	99,682
5. ROE/Use Per Diem	1.7657	1.7657	14,761
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,360.00	8,360.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,284,114.00	1,284,114.00
5. Direct Care Expense Per Diem	76.8011	153.6022	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,360	8,360
2. Additional Services	0	217,484	217,484
3. Additional Services Exp & Per Diem	26.0148	26.0148	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	92.0555	92.0555	769,584
2. Resident Care Component	219.3681	296.1691	2,475,974
3. Property Cost Component	11.9237	11.9237	99,682
4. ROE/Use Allow Component	1.7657	1.7657	14,761
<b>5 Total Cost Per Diem</b>	<b>325.1129</b>	<b>401.9140</b>	<b>3,360,001</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031261400 - 2014/07**

**378.64**

**454.30**

**Mentor Flamingo Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	108.911	226.669	335.580	108.911	305.750	414.661
2. Inflate Line 1 by Inflation Factor 1.02193755	111.300	231.642	342.942	111.300	312.458	423.758
3. Line 1 x 1.400 x Inflation Factor 1.03071257	112.256	233.631	345.887	112.256	315.141	427.396
4. Current Period Cost	92.056	219.368	311.424	92.056	296.169	388.225
5. Incentive Basis (line 3 - line 4)	20.200	14.263		20.200	18.971	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.056	219.368	311.424	92.056	296.169	388.225
7. Incentive Line 5 x Oper 50% Res 50%	10.100	7.131	17.232	10.100	9.486	19.586
8. Incentive - Line 4 x Oper 10% Res 3%	9.206	6.581	15.787	9.206	8.885	18.091
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.206	6.581	15.787	9.206	8.885	18.091
10. Final Incentive	9.206	6.581	15.787	9.206	8.885	18.091
11. Current Period Base: (line 6 + line 10)	101.261	225.949	327.210	101.261	305.054	406.315
12. Plus: Property Rate Component			11.924			11.924
13. Plus: ROE/Use Rate			1.766			1.766
14. Total Current Period Base			340.900			420.005
15. Prospective Rate: Line 11 x Inflation (1.04436885)	105.754	235.974	341.728	105.754	318.589	424.343
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	105.754	235.974	341.728	105.754	318.589	424.343
19. Property Rate Component			11.924			11.924
20. ROE Component + ROE Interim Component			1.766			1.766
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>355.42</b>			<b>438.03</b>
23. Medicaid Days			0		8,360	
24. Resident Days			0		8,360	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.46
29. Add-On (QAF less Rate Cut)			2.29			2.79
<b>30. Final Per Diem After Adjustments</b>			<b>378.64</b>			<b>454.30</b>



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

**031262200 - 2014/07**  
**RI:307.64**

**Mentor Barranger Group**  
 9513 Barranger Drive  
 Pensacola FL 32514

Provider Number: 031262200  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>308.92</u>	<u>307.64</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (1)  
 Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

For Information only - No Change in rate





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031262200

Provider Name: **Mentor Barranger Group**  
 Provider Number: 31262200  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 06/01/2012 - 05/31/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,138	0	2,138
2. Operating Expenses Component			
A. Administration			78,917
B. Plant Operation			50,012
C. Laundry			0
D. Housekeeping			2,263
E. Operating Expense Component & Per Diem	61.3620	0.0000	131,192
3. Resident Care			
A. Dietary			19,523
B. Other			0
C. Nursing			30,569
D. Resident Care & Per Diem	23.4294	0.0000	50,092
4. Prop Exp & Per Diem	20.2011	0.0000	43,190
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,603.50		1,603.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	324,003.00		324,003.00
5. Direct Care Expense Per Diem	151.5449		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,138		2,138
2. Additional Services	23,390		23,390
3. Additional Services Exp & Per Diem	10.9401		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	61.3620		131,192
2. Resident Care Component	185.9144		397,485
3. Property Cost Component	20.2011		43,190
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>267.4775</b>		<b>571,867</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031262200 - 2014/07**

**307.64**

**0.00**

**Mentor Barranger Group**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	69.937	202.356	272.293			
2. Inflate Line 1 by Inflation Factor 1.02193755	71.471	206.795	278.266			
3. Line 1 x 1.400 x Inflation Factor 1.03071257	72.085	208.571	280.655			
4. Current Period Cost	61.362	185.914	247.276			
5. Incentive Basis (line 3 - line 4)	10.722	22.657		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.362	185.914	247.276			
7. Incentive Line 5 x Oper 50% Res 50%	5.361	11.328	16.690	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.136	5.577	11.714	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.361	5.577	10.939	0.000	0.000	0.000
10. Final Incentive	5.361	5.577	10.939	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	66.723	191.492	258.215	0.000	0.000	0.000
12. Plus: Property Rate Component			20.201			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			278.416			0.000
15. Prospective Rate: Line 11 x Inflation (1.04436885)	69.684	199.988	269.672	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	69.684	199.988	269.672	0.000	0.000	0.000
19. Property Rate Component			20.201			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>289.87</b>			<b>0.00</b>
23. Medicaid Days		2,138				0
24. Resident Days		2,138				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.05			0.00
29. Add-On (QAF less Rate Cut)			1.89			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>307.64</b>			<b>0.00</b>



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

**031263100 - 2014/07**  
**RI:284.85**

**Mentor Greenridge Group Home**  
 222 Greenridge Road  
 Pensacola FL 32514

Provider Number: 031263100  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.01</u>	<u>284.85</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (1)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

**031263100**

Provider Name: **Mentor Greenridge Group Home**  
 Provider Number: 31263100  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 06/01/2012 - 05/31/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,166	0	2,166
2. Operating Expenses Component			
A. Administration			77,540
B. Plant Operation			44,143
C. Laundry			0
D. Housekeeping			2,069
E. Operating Expense Component & Per Diem	57.1339	0.0000	123,752
3. Resident Care			
A. Dietary			19,268
B. Other			0
C. Nursing			17,084
D. Resident Care & Per Diem	16.7830	0.0000	36,352
4. Prop Exp & Per Diem	15.2548	0.0000	33,042
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,624.50		1,624.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	319,714.00		319,714.00
5. Direct Care Expense Per Diem	147.6057		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,166		2,166
2. Additional Services	18,363		18,363
3. Additional Services Exp & Per Diem	8.4778		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	57.1339		123,752
2. Resident Care Component	172.8666		374,429
3. Property Cost Component	15.2548		33,042
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>245.2553</b>		<b>531,223</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

031263100 - 2014/07

284.85

0.00

**Mentor Greenridge Group Home**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	67.641	183.522	251.162			
2. Inflate Line 1 by Inflation Factor 1.02193755	69.125	187.548	256.672			
3. Line 1 x 1.400 x Inflation Factor 1.03071257	69.718	189.158	258.876			
4. Current Period Cost	57.134	172.867	230.000			
5. Incentive Basis (line 3 - line 4)	12.584	16.292		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	57.134	172.867	230.000			
7. Incentive Line 5 x Oper 50% Res 50%	6.292	8.146	14.438	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.713	5.186	10.899	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.713	5.186	10.899	0.000	0.000	0.000
10. Final Incentive	5.713	5.186	10.899	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	62.847	178.053	240.900	0.000	0.000	0.000
12. Plus: Property Rate Component			15.255			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.155			0.000
15. Prospective Rate: Line 11 x Inflation (1.04436885)	65.636	185.953	251.588	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	65.636	185.953	251.588	0.000	0.000	0.000
19. Property Rate Component			15.255			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>266.84</b>			<b>0.00</b>
23. Medicaid Days		2,166			0	
24. Resident Days		2,166			0	
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			4.68			0.00
29. Add-On (QAF less Rate Cut)			1.75			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>284.85</b>			<b>0.00</b>



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

**031264900 - 2014/07**  
**RI:368.28 / NM:440.74**

**Mentor Pensacola Cluster**  
 9460 S. University Parkway  
 Pensacola FL 32514

Provider Number: 031264900  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>364.36</u>	<u>368.28</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>442.15</u>	<u>440.74</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (1)  
 Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa FL 33619

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
Office of Medicaid Cost Reimbursement Planning and Finance  
ICF/IID Profile Sheet  
Rate Period(s) 04/2014 to 07/2014

**031264900**

Provider Name: **Mentor Pensacola Cluster**  
Provider Number: 31264900  
Audit Status: Unaudited [3]  
Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,697	8,697
2. Operating Expenses Component			
A. Administration			501,981
B. Plant Operation			306,822
C. Laundry			0
D. Housekeeping			104,452
E. Operating Expense Component & Per Diem	105.0080	105.0080	913,255
3. Resident Care			
A. Dietary			141,307
B. Other			0
C. Nursing			887,504
D. Resident Care & Per Diem	118.2949	118.2949	1,028,811
4. Prop Exp & Per Diem	8.2072	8.2072	71,378
5. ROE/Use Per Diem	0.5601	0.5601	4,871
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,697.00	8,697.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	1,231,210.00	1,231,210.00
5. Direct Care Expense Per Diem	70.7836	141.5672	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,697	8,697
2. Additional Services	0	192,315	192,315
3. Additional Services Exp & Per Diem	22.1128	22.1128	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	105.0080	105.0080	913,255
2. Resident Care Component	211.1913	281.9749	2,452,336
3. Property Cost Component	8.2072	8.2072	71,378
4. ROE/Use Allow Component	0.5601	0.5601	4,871
<b>5 Total Cost Per Diem</b>	<b>324.9667</b>	<b>395.7503</b>	<b>3,441,840</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

031264900 - 2014/07

368.28

440.74

**Mentor Pensacola Cluster**

Ownership: State Cluster[2]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	106.674	211.481	318.155	106.674	336.789	443.463
2. Inflate Line 1 by Inflation Factor 1.02193755	109.014	216.120	325.134	109.014	344.177	453.191
3. Line 1 x 1.400 x Inflation Factor 1.03071257	109.950	217.976	327.926	109.950	347.132	457.083
4. Current Period Cost	105.008	211.191	316.199	105.008	281.975	386.983
5. Incentive Basis (line 3 - line 4)	4.942	6.784		4.942	65.157	
6. Allowed Current Period Costs (Min of line 3 or 4)	105.008	211.191	316.199	105.008	281.975	386.983
7. Incentive Line 5 x Oper 50% Res 50%	2.471	3.392	5.863	2.471	32.579	35.050
8. Incentive - Line 4 x Oper 10% Res 3%	10.501	6.336	16.837	10.501	8.459	18.960
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.471	3.392	5.863	2.471	8.459	10.930
10. Final Incentive	2.471	3.392	5.863	2.471	8.459	10.930
11. Current Period Base: (line 6 + line 10)	107.479	214.584	322.063	107.479	290.434	397.913
12. Plus: Property Rate Component			8.207			8.207
13. Plus: ROE/Use Rate			0.560			0.560
14. Total Current Period Base			330.830			406.681
15. Prospective Rate: Line 11 x Inflation (1.04436885)	112.248	224.104	336.352	112.248	303.320	415.568
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.248	224.104	336.352	112.248	303.320	415.568
19. Property Rate Component			8.207			8.207
20. ROE Component + ROE Interim Component			0.560			0.560
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>345.12</b>			<b>424.34</b>
23. Medicaid Days			0		8,697	
24. Resident Days			0		8,697	
25. Medicaid Utilization		NA			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			0.00			7.23
29. Add-On (QAF less Rate Cut)			2.23			2.71
<b>30. Final Per Diem After Adjustments</b>			<b>368.28</b>			<b>440.74</b>





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

**031265700 - 2014/07**  
**RI:330.17**

**Mentor Caprona Group Home**  
 111 N.E Caprona Avenue  
 Port St. Lucie FL 34983

Provider Number: 031265700  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>331.52</u>	<u>330.17</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (15)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031265700

Provider Name: **Mentor Caprona Group Home**  
 Provider Number: 31265700  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 06/01/2012 - 05/31/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses Component			
A. Administration			75,512
B. Plant Operation			68,837
C. Laundry			0
D. Housekeeping			2,672
E. Operating Expense Component & Per Diem	67.1329	0.0000	147,021
3. Resident Care			
A. Dietary			22,918
B. Other			0
C. Nursing			58,454
D. Resident Care & Per Diem	37.1562	0.0000	81,372
4. Prop Exp & Per Diem	22.2210	0.0000	48,664
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50		1,642.50
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	324,910.00		324,910.00
5. Direct Care Expense Per Diem	148.3607		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,190		2,190
2. Additional Services	27,938		27,938
3. Additional Services Exp & Per Diem	12.7571		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	67.1329		147,021
2. Resident Care Component	198.2740		434,220
3. Property Cost Component	22.2210		48,664
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>287.6279</b>		<b>629,905</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

031265700 - 2014/07

330.17

0.00

**Mentor Caprona Group Home**

Ownership:Private[3]

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

Eligibility factor :100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	80.424	234.978	315.403			
2. Inflate Line 1 by Inflation Factor 1.02193755	82.189	240.133	322.322			
3. Line 1 x 1.400 x Inflation Factor 1.03071257	82.895	242.195	325.090			
4. Current Period Cost	67.133	198.274	265.407			
5. Incentive Basis (line 3 - line 4)	15.762	43.921		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.133	198.274	265.407			
7. Incentive Line 5 x Oper 50% Res 50%	7.881	21.961	29.841	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.713	5.948	12.662	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.713	5.948	12.662	0.000	0.000	0.000
10. Final Incentive	6.713	5.948	12.662	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	73.846	204.222	278.068	0.000	0.000	0.000
12. Plus: Property Rate Component			22.221			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			300.289			0.000
15. Prospective Rate: Line 11 x Inflation (1.04436885)	77.123	213.283	290.406	0.000	0.000	0.000
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	77.123	213.283	290.406	0.000	0.000	0.000
19. Property Rate Component			22.221			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>312.63</b>			<b>0.00</b>
23. Medicaid Days		2,190				0
24. Resident Days		2,190				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.42			0.00
29. Add-On (QAF less Rate Cut)			2.03			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>330.17</b>			<b>0.00</b>



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

**031266500 - 2014/07**  
**RI:210.87 / NM:241.51**

**Mentor Rich Street Group**  
 2318 Rich Street  
 Port St. Lucie FL 34984

Provider Number: 031266500  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>211.93</u>	<u>210.87</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>242.64</u>	<u>241.51</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (15)  
 Home Office:  
 National Mentor Healthcare, LLC  
 \_\_\_\_\_  
 3258 Parkside Center Circle  
 \_\_\_\_\_  
 Tampa FL 33619  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031266500

Provider Name: **Mentor Rich Street Group**  
 Provider Number: 31266500  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 06/01/2012 - 05/31/2013  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,391	792	2,183
2. Operating Expenses Component			
A. Administration			51,027
B. Plant Operation			39,967
C. Laundry			0
D. Housekeeping			2,954
E. Operating Expense Component & Per Diem	43.0362	43.0362	93,948
3. Resident Care			
A. Dietary			23,130
B. Other			0
C. Nursing			13,505
D. Resident Care & Per Diem	16.7820	16.7820	36,635
4. Prop Exp & Per Diem	19.9116	19.9116	43,467
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,043.25	792.00	1,835.25
3. Staffing Percent	56.8451165	43.1548835	100.00
4. Allocation of Direct Care	120,096.68	91,173.32	211,270.00
5. Direct Care Expense Per Diem	86.3384	115.1178	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,391	792	2,183
2. Additional Services	16,369	9,320	25,689
3. Additional Services Exp & Per Diem	11.7678	11.7677	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	43.0362	43.0362	93,948
2. Resident Care Component	114.8881	143.6675	273,594
3. Property Cost Component	19.9116	19.9116	43,467
4. ROE/Use Allow Component	0.0000		0
<b>5 Total Cost Per Diem</b>	<b>177.8359</b>	<b>206.6152</b>	<b>411,009</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

**031266500 - 2014/07**

<b>210.87</b>
<b>241.51</b>

**Mentor Rich Street Group**

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	48.560	161.938	210.498	48.560	203.622	252.182
2. Inflate Line 1 by Inflation Factor 1.02193755	49.625	165.490	215.115	49.625	208.089	257.714
3. Line 1 x 1.400 x Inflation Factor 1.03071257	50.051	166.911	216.962	50.051	209.876	259.927
4. Current Period Cost	43.036	114.888	157.924	43.036	143.667	186.704
5. Incentive Basis (line 3 - line 4)	7.015	52.023		7.015	66.208	
6. Allowed Current Period Costs (Min of line 3 or 4)	43.036	114.888	157.924	43.036	143.667	186.704
7. Incentive Line 5 x Oper 50% Res 50%	3.507	26.012	29.519	3.507	33.104	36.612
8. Incentive - Line 4 x Oper 10% Res 3%	4.304	3.447	7.750	4.304	4.310	8.614
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.507	3.447	6.954	3.507	4.310	7.818
10. Final Incentive	3.507	3.447	6.954	3.507	4.310	7.818
11. Current Period Base: (line 6 + line 10)	46.544	118.335	164.878	46.544	147.977	194.521
12. Plus: Property Rate Component			19.912			19.912
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			184.790			214.433
15. Prospective Rate: Line 11 x Inflation (1.04436885)	48.609	123.585	172.194	48.609	154.543	203.152
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	48.609	123.585	172.194	48.609	154.543	203.152
19. Property Rate Component			19.912			19.912
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>	<b>192.11</b>			<b>223.06</b>		
23. Medicaid Days	1,391			792		
24. Resident Days	1,391			792		
25. Medicaid Utilization	100.00%			100.00%		
26. Quality Assessment (20.93)	20.93			20.93		
27. Less Rate Cut (0%) (*Based on Bed Days)	0.00			0.00		
28. Less Rate Freeze Amount (1.614936%)	3.46			3.96		
29. Add-On (QAF less Rate Cut)	1.30			1.48		
<b>30. Final Per Diem After Adjustments</b>	<b>210.87</b>			<b>241.51</b>		



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

**031267300 - 2014/07**  
**RI:312.68 / NM:384.27**

**Mentor Sandpiper Cluster**  
 1000 East 14th Street  
 Stuart FL 34996

Provider Number: 031267300  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>313.86</u>	<u>312.68</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>385.62</u>	<u>384.27</u>	<u>7/1/2014</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (15)  
 Home Office:

National Mentor Healthcare, LLC  
3258 Parkside Center Circle  
Tampa FL 33619

For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031267300

Provider Name: **Mentor Sandpiper Cluster**  
 Provider Number: 31267300  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

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

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,488	7,157	8,645
2. Operating Expenses Component			
A. Administration			360,770
B. Plant Operation			158,504
C. Laundry			0
D. Housekeeping			81,453
E. Operating Expense Component & Per Diem	69.4884	69.4884	600,727
3. Resident Care			
A. Dietary			158,832
B. Other			0
C. Nursing			723,572
D. Resident Care & Per Diem	102.0710	102.0710	882,404
4. Prop Exp & Per Diem	12.4088	12.4088	107,274
5. ROE/Use Per Diem	0.6310	0.6310	5,455
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	744.00	7,157.00	7,901.00
3. Staffing Percent	9.4165296	90.5834704	100.00
4. Allocation of Direct Care	100,057.59	962,516.41	1,062,574.00
5. Direct Care Expense Per Diem	67.2430	134.4860	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,488	7,157	8,645
2. Additional Services	27,607	132,786	160,393
3. Additional Services Exp & Per Diem	18.5531	18.5533	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	69.4884	69.4884	600,727
2. Resident Care Component	187.8671	255.1103	2,105,371
3. Property Cost Component	12.4088	12.4088	107,274
4. ROE/Use Allow Component	0.6310	0.6310	5,455
<b>5 Total Cost Per Diem</b>	<b>270.3953</b>	<b>337.6385</b>	<b>2,818,827</b>





Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>031267300 - 2014/07</b>
<b>312.68</b>
<b>384.27</b>

**Mentor Sandpiper Cluster**

Ownership: Private[3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	95.285	197.866	293.152	95.285	270.841	366.126
2. Inflate Line 1 by Inflation Factor 1.02193755	97.376	202.207	299.583	97.376	276.782	374.158
3. Line 1 x 1.400 x Inflation Factor 1.03071257	98.212	203.943	302.155	98.212	279.159	377.371
4. Current Period Cost	69.488	187.867	257.355	69.488	255.110	324.599
5. Incentive Basis (line 3 - line 4)	28.724	16.076	12.648	28.724	24.048	4.676
6. Allowed Current Period Costs (Min of line 3 or 4)	69.488	187.867	257.355	69.488	255.110	324.599
7. Incentive Line 5 x Oper 50% Res 50%	14.362	8.038	22.400	14.362	12.024	26.386
8. Incentive - Line 4 x Oper 10% Res 3%	6.949	5.636	12.585	6.949	7.653	14.602
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.949	5.636	12.585	6.949	7.653	14.602
10. Final Incentive	6.949	5.636	12.585	6.949	7.653	14.602
11. Current Period Base: (line 6 + line 10)	76.437	193.503	269.940	76.437	262.764	339.201
12. Plus: Property Rate Component			12.409			12.409
13. Plus: ROE/Use Rate			0.631			0.631
14. Total Current Period Base			282.980			352.241
15. Prospective Rate: Line 11 x Inflation (1.04436885)	79.829	202.089	281.917	79.829	274.422	354.251
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	79.829	202.089	281.917	79.829	274.422	354.251
19. Property Rate Component			12.409			12.409
20. ROE Component + ROE Interim Component			0.631			0.631
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>294.96</b>			<b>367.29</b>
23. Medicaid Days		1,488			7,157	
24. Resident Days		1,488			7,157	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			5.13			6.31
29. Add-On (QAF less Rate Cut)			1.92			2.36
<b>30. Final Per Diem After Adjustments</b>			<b>312.68</b>			<b>384.27</b>



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

**031345900 - 2014/07**  
**RI:376.86**

**New Horizons Village**  
 1275 N. Rainbow Loop  
 Lecanto FL 32661

Provider Number: 031345900  
 Date: 6/27/2014  
 FYE: 5/31/2013  
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>378.42</u>	<u>376.86</u>	<u>7/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>NA</u>	<u>NA</u>	<u>NA</u>

Rate Type:

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

Basis

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

  
 W. Rydell Samuel  
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (13)  
 Home Office:

\_\_\_\_\_ For Information only - No Change in rate



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 04/2014 to 07/2014

031345900

Provider Name: **New Horizons Village**  
 Provider Number: 31345900  
 Audit Status: Unaudited [3]  
 Date: 6/27/2014

Cost Report Entered by: Kerns, Jonathon  
 Rate Semester: July, 2014  
 Cost Report: 06/01/2012 - 05/31/2013  
 Days In Reporting Period: 365  
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	17,338	0	17,338
2. Operating Expenses Component			
A. Administration			1,031,296
B. Plant Operation			408,125
C. Laundry			39,742
D. Housekeeping			296,648
E. Operating Expense Component & Per Diem	102,423.1	0.0000	1,775,811
3. Resident Care			
A. Dietary			489,302
B. Other			0
C. Nursing			572,639
D. Resident Care & Per Diem	61,249.3	0.0000	1,061,941
4. Prop Exp & Per Diem	28,812.2	0.0000	499,546
5. ROE/Use Per Diem	0,867.9	0.0000	15,048
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	8,669.00		8,669.00
3. Staffing Percent	100.0000000		100.00
4. Allocation of Direct Care	2,198,065.00		2,198,065.00
5. Direct Care Expense Per Diem	126.7773		
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	17,338		17,338
2. Additional Services	413,451		413,451
3. Additional Services Exp & Per Diem	23,846.5		
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	102,423.1		1,775,811
2. Resident Care Component	211,873.2		3,673,457
3. Property Cost Component	28,812.2		499,546
4. ROE/Use Allow Component	0,867.9		15,048
<b>5 Total Cost Per Diem</b>	<b>343,976.4</b>		<b>5,963,862</b>



Florida Agency For Health Care Administration  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Calculation Sheet  
 Rates Effective 07/01/2014 through 06/30/2015

<b>031345900 - 2014/07</b>
<b>376.86</b>
<b>0.00</b>

**New Horizons Village**

Ownership: Private [3]

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

Eligibility factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	100.255	208.157	308.411			
2. Inflate Line 1 by Inflation Factor 1.02193755	102.454	212.723	315.177			
3. Line 1 x 1.400 x Inflation Factor 1.03071257	103.334	214.550	317.884			
4. Current Period Cost	102.423	211.873	314.296			
5. Incentive Basis (line 3 - line 4)	0.911	2.677	3.588	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	102.423	211.873	314.296			
7. Incentive Line 5 x Oper 50% Res 50%	0.455	1.338	1.794	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	10.242	6.356	16.599	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.455	1.338	1.794	0.000	0.000	0.000
10. Final Incentive	0.455	1.338	1.794	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	102.878	213.212	316.090	0.000	0.000	0.000
12. Plus: Property Rate Component			28.812			0.000
13. Plus: ROE/Use Rate			0.868			0.000
14. Total Current Period Base			345.770			0.000
15. Prospective Rate: Line 11 x Inflation (1.04436885)	107.443	222.671	330.114	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	107.443	222.671	330.114	0.000	0.000	0.000
19. Property Rate Component			28.812			0.000
20. ROE Component + ROE Interim Component			0.868			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>359.79</b>			<b>0.00</b>
23. Medicaid Days		17,338				0
24. Resident Days		17,338				0
25. Medicaid Utilization		100.00%			NA	
26. Quality Assessment (20.93)			20.93			20.93
27. Less Rate Cut (0%) (*Based on Bed Days)			0.00			0.00
28. Less Rate Freeze Amount (1.614936%)			6.19			0.00
29. Add-On (QAF less Rate Cut)			2.32			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>376.86</b>			<b>0.00</b>