



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

000169300 - 2017/07
RI:264.25 / NM:0.00

St. Augustine Center for Living

5155 U.S. 1 South
St. Augustine, FL 32086

Provider Type: ICF/IID

Provider Number: 000169300

Date: 7/18/2017

FYE: 11/30/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	264.64	264.25	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type: Interim Total Interim Total Prospective Prospective

Interim Component Prospective Adjusted for New Cost

Settlement Based on Costs

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2016 to 7/2017

000169300

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 12/1/2014 - 11/30/2015
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,577	0	21,577
2. Operating Expenses component			
A. Administration			687,779
B. Plant Operation			275,104
C. Laundry			26,968
D. Housekeeping			55,766
E. Operating Expense Component & Per Diem	48.4598		1,045,617
3. Resident Care			
A. Dietary			401,600
B. Other			0
C. Nursing			402,249
D. Resident Care & Per Diem	37.2549		803,849
4. Prop Exp & Per Diem	24.9602		538,567
5. ROE/Use Per Diem	0.5814		12,544
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,788.50	0.00	10,788.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,184,457.00	0.00	2,184,457.00
5. Direct Care Expense Per Diem	101.2401	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,577	0	21,577
2. Additional Services	358,065	0	358,065
3. Additional Services Exp & Per Diem	16.5948	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	48.4598	0.0000	1,045,617
2. Resident Care Component	155.0898	0.0000	3,346,371
3. Property Cost Component	24.9602	0.0000	538,567
4. ROE/Use Allow Component	0.5814	0.0000	12,544
5. Total Cost Per Diem	229.0912	0.0000	4,943,099

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300
FYE: 11/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	37.2549	0.0000		A3D Allowable Resident Care Exp	803,849
B5 Allocation of D/C Expenses	101.2401	0.0000		B4 Allocation of D/C Expenses	2,184,457
C3 Additional Services per Diem	16.5948	0.0000		C2 Additional Services per Diem	358,065
Total Resident Care Component	155.0898	0.0000		Total Resident Care Component	3,346,371

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

000169300 - 2017/07

RI: 264.25

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

St. Augustine Center for Living

Ownership: Private

Incentive Rating: Ineligible from 03/08/2017 - 04/30/2017, 04/28/2016 - 06/03/2016 Days Eligible: 274 of 365

Eligibility Factor : 75.07%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited Costs	201507
Prior Cost Report	12/1/2012	11/30/2013	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.926	153.873	201.800	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.04538099	50.101	160.856	210.957	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.06353339	50.971	163.649	214.621	0.000	0.000	0.000
4.Current Period Cost	48.460	155.090	203.550	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	2.511	8.560		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	48.460	155.090	203.550	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.256	4.280	5.536	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.846	4.653	9.499	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 75.07%	0.943	3.213	4.155	0.000	0.000	0.000
10.Final Incentive	0.943	3.213	4.155	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.402	158.303	207.705	0.000	0.000	0.000
12.Plus: Property Rate Component			24.960			0.000
13.Plus: ROE/Use Rate			0.581			0.000
14.Total Current Period Base			233.247			0.000
15.Prospective Rate: Line 11 x Inflation 1.07872530	53.292	170.765	224.057	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	53.292	170.765	224.057	0.000	0.000	0.000
19.Property Rate Component			24.960			0.000
20.ROE Component + ROE Interim Component			0.581			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			249.60			0.00
23.Medicaid Days		21,577			0	
24.Resident Days		21,577			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(7.41)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			264.25			0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

001069500

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Minor North	Cost Report Entered By :	Falk, Rebekah
Provider Number:	01069500	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2015 - 5/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	906	7,475	8,381
2. Operating Expenses component			
A. Administration			555,804
B. Plant Operation			358,860
C. Laundry			61,056
D. Housekeeping			67,531
E. Operating Expense Component & Per Diem	124.4781	124.4781	1,043,251
3. Resident Care			
A. Dietary			298,643
B. Other			0
C. Nursing			427,124
D. Resident Care & Per Diem	86.5967	86.5967	725,767
4. Prop Exp & Per Diem	54.8151	54.8151	459,405
5. ROE/Use Per Diem	4.7365	4.7365	39,697
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	453.00	7,475.00	7,928.00
3. Staffing Percent	0.0571	0.9429	1.0000
4. Allocation of Direct Care	72,923.40	1,203,316.60	1,276,240.00
5. Direct Care Expense Per Diem	80.4894	160.9788	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	906	7,475	8,381
2. Additional Services	24,422	201,498	225,920
3. Additional Services Exp & Per Diem	26.9558	26.9563	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	124.4781	124.4781	1,043,251
2. Resident Care Component	194.0419	274.5318	2,227,927
3. Property Cost Component	54.8151	54.8151	459,405
4. ROE/Use Allow Component	4.7365	4.7365	39,697
5. Total Cost Per Diem	378.0716	458.5615	3,770,280

Resident Care Component Per-Diem Calculation

Facility Name: Minor North

Provider Number: 01069500
FYE: 05/31/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		86.5967	86.5967	A3D Allowable Resident Care Exp		725,767
B5 Allocation of D/C Expenses		80.4894	160.9788	B4 Allocation of D/C Expenses		1,276,240
C3 Additional Services per Diem		26.9558	26.9563	C2 Additional Services per Diem		225,920
Total Resident Care Component		194.0419	274.5318	Total Resident Care Component		2,227,927

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

001069500 - 2017/07

RI: 391.46

NM: 468.35

Minor North

Ownership: Private

Incentive Rating: Ineligible from 06/02/2016 - 07/26/2016 Days Eligible: 310 of 365

Eligibility Factor : 84.93%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2015	5/31/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2014	5/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	120.949	170.314	291.263	120.949	241.953	362.902
2. Inflate Line 1 by Inflation Factor 1.02587702	124.079	174.722	298.800	124.079	248.214	372.292
3. Line 1 X 1.4000 X Inflation Factor 1.03622783	125.331	176.484	301.815	125.331	250.718	376.049
4. Current Period Cost	124.478	194.042	318.520	124.478	274.532	399.010
5. Incentive Basis (line 3 - line 4)	0.853	0.000		0.853	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	124.478	176.484	300.963	124.478	250.718	375.196
7. Incentive Line 5 x Oper 50% Res 50%	0.426	0.000	0.426	0.426	0.000	0.426
8. Incentive - Line 4 x Oper 10% Res 3%	12.448	0.000	12.448	12.448	0.000	12.448
9. Incentive - Min of Line 7,8 x Eligibility factor 84.93%	0.362	0.000	0.362	0.362	0.000	0.362
10. Final Incentive	0.362	0.000	0.362	0.362	0.000	0.362
11. Current Period Base: (line 6 + line 10)	124.840	176.484	301.325	124.840	250.718	375.558
12. Plus: Property Rate Component			54.815			54.815
13. Plus: ROE/Use Rate			4.737			4.737
14. Total Current Period Base			360.876			435.110
15. Prospective Rate: Line 11 x Inflation 1.06472365	132.920	187.907	320.827	132.920	266.945	399.866
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	132.920	187.907	320.827	132.920	266.945	399.866
19. Property Rate Component			54.815			54.815
20. ROE Component + ROE Interim Component			4.737			4.737
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			380.38			459.42
23. Medicaid Days		906			7,475	
24. Resident Days		906			7,475	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(10.97)			(13.13)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			391.46			468.35



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

001071000

Rate Period(s) 07/2017 to 7/2017

Provider Name: Minor South	Cost Report Entered By : Falk, Rebekah
Provider Number: 01071000	Rate Semester : July, 2017
Audit Status: Unaudited Costs	Cost Report : 6/1/2015 - 5/31/2016
Date: 7/20/2017	Days In Reporting Period: 366
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,089	7,686	8,775
2. Operating Expenses component			
A. Administration			550,571
B. Plant Operation			367,315
C. Laundry			37,401
D. Housekeeping			62,746
E. Operating Expense Component & Per Diem	116.0152	116.0152	1,018,033
3. Resident Care			
A. Dietary			249,962
B. Other			0
C. Nursing			301,021
D. Resident Care & Per Diem	62.7901	62.7901	550,983
4. Prop Exp & Per Diem	52.6897	52.6897	462,352
5. ROE/Use Per Diem	4.4439	4.4439	38,995
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	544.50	7,686.00	8,230.50
3. Staffing Percent	0.0662	0.9338	1.0000
4. Allocation of Direct Care	75,826.12	1,070,338.88	1,146,165.00
5. Direct Care Expense Per Diem	69.6291	139.2582	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,089	7,686	8,775
2. Additional Services	28,501	201,155	229,656
3. Additional Services Exp & Per Diem	26.1717	26.1716	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	116.0152	116.0152	1,018,033
2. Resident Care Component	158.5909	228.2199	1,926,804
3. Property Cost Component	52.6897	52.6897	462,352
4. ROE/Use Allow Component	4.4439	4.4439	38,995
5. Total Cost Per Diem	331.7397	401.3687	3,446,184

Resident Care Component Per-Diem Calculation

Facility Name: Minor South

Provider Number: 01071000
FYE: 05/31/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		62.7901	62.7901	A3D Allowable Resident Care Exp		550,983
B5 Allocation of D/C Expenses		69.6291	139.2582	B4 Allocation of D/C Expenses		1,146,165
C3 Additional Services per Diem		26.1717	26.1716	C2 Additional Services per Diem		229,656
Total Resident Care Component		158.5909	228.2199	Total Resident Care Component		1,926,804

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

001071000 - 2017/07

RI: 358.35

NM: 432.88

Minor South

Ownership:Private

Incentive Rating: Ineligible from 06/16/2016 - 07/16/2016 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2015	5/31/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2014	5/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.102	150.105	262.207	112.102	219.550	331.652
2.Inflate Line 1 by Inflation Factor 1.02587702	115.003	153.990	268.993	115.003	225.231	340.234
3.Line 1 X 1.4000 X Inflation Factor 1.03622783	116.163	155.543	271.707	116.163	227.503	343.667
4.Current Period Cost	116.015	158.591	274.606	116.015	228.220	344.235
5.Incentive Basis (line 3 - line 4)	0.148	0.000		0.148	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	116.015	155.543	271.558	116.015	227.503	343.519
7.Incentive Line 5 x Oper 50% Res 50%	0.074	0.000	0.074	0.074	0.000	0.074
8.Incentive - Line 4 x Oper 10% Res 3%	11.602	0.000	11.602	11.602	0.000	11.602
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	0.068	0.000	0.068	0.068	0.000	0.068
10.Final Incentive	0.068	0.000	0.068	0.068	0.000	0.068
11.Current Period Base: (line 6 + line 10)	116.083	155.543	271.626	116.083	227.503	343.586
12.Plus: Property Rate Component			52.690			52.690
13.Plus: ROE/Use Rate			4.444			4.444
14.Total Current Period Base			328.760			400.720
15.Pro prospective Rate: Line 11 x Inflation 1.06472365	123.596	165.611	289.207	123.596	242.228	365.825
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	123.596	165.611	289.207	123.596	242.228	365.825
19.Property Rate Component			52.690			52.690
20.ROE Component + ROE Interim Component			4.444			4.444
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			346.34			422.96
23.Medicaid Days		1,089			7,686	
24.Resident Days		1,089			7,686	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.05)			(12.14)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			358.35			432.88



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

012037000 - 2017/07
RI:431.39 / NM:508.95

Bayview (Mentor)
 2133 E 12th Street
 Lynn Haven, FL 32444-3109

Provider Number: 012037000
 Date: 7/18/2017
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.43</u>	<u>431.39</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>366.66</u>	<u>508.95</u>	<u>7/1/2017</u>

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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 7/2017

012037000

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 6/1/2014 - 9/30/2015
 Days In Reporting Period: 487
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,754	423	2,177
2. Operating Expenses component			173,461
A. Administration			45,729
B. Plant Operation			0
C. Laundry			6,451
D. Housekeeping			225,641
E. Operating Expense Component & Per Diem	103.6477	103.6477	
3. Resident Care			15,397
A. Dietary			0
B. Other			61,907
C. Nursing			77,304
D. Resident Care & Per Diem	35.5094	35.5094	
4. Prop Exp & Per Diem	19.0978	19.0978	41,576
5. ROE/Use Per Diem	2.4828	2.4828	5,405
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,315.50	423.00	1,738.50
3. Staffing Percent	0.7567	0.2433	1.0000
4. Allocation of Direct Care	385,743.80	124,036.20	509,780.00
5. Direct Care Expense Per Diem	219.9223	293.2298	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,754	423	2,177
2. Additional Services	14,942	3,604	18,546
3. Additional Services Exp & Per Diem	8.5188	8.5201	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	103.6477	103.6477	225,641
2. Resident Care Component	263.9505	337.2593	605,630
3. Property Cost Component	19.0978	19.0978	41,576
4. ROE/Use Allow Component	2.4828	2.4828	5,405
5. Total Cost Per Diem	389.1788	462.4876	878,252

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
FYE: 09/30/2015

R/I & N/M Days	
R/I	N/M
35.5094	35.5094
219.9223	293.2298
8.5188	8.5201
263.9505	337.2593

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
77,304
509,780
18,546
605,630

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012037000 - 2017/07

RI: 431.39

NM: 508.95

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Bayview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	103.648	263.951	367.598	103.648	337.259	440.907
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	103.648	263.951	367.598	103.648	337.259	440.907
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	103.648	263.951	367.598	103.648	337.259	440.907
12.Plus: Property Rate Component			19.098			19.098
13.Plus: ROE/Use Rate			2.483			2.483
14.Total Current Period Base			389.179			462.488
15.Prospective Rate: Line 11 x Inflation 1.08771264	112.739	287.102	399.841	112.739	366.841	479.580
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	112.739	287.102	399.841	112.739	366.841	479.580
19.Property Rate Component			19.098			19.098
20.ROE Component + ROE Interim Component			2.483			2.483
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			421.42			501.16
23.Medicaid Days			1,754			423
24.Resident Days			1,754			423
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(12.09)			(14.27)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			431.39			508.95



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

012038000 - 2017/07
RI:378.55 / NM:442.44

Seaview (Mentor)
1204 West 13th Street
Panama City, FL 32401-2015

Provider Number: 012038000
Date: 7/18/2017
FYE: 9/30/2015
Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	384.92	378.55	7/1/2017
#8 Non-Ambulatory & #9 Medical	425.21	442.44	7/1/2017

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

Comments:

Distribution:

Contract Management
DPODS - DCF (4)
Home Office:

W.Rydell Samuel 

Medicaid Cost Reimbursement Analysis

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 7/2017

012038000

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 6/1/2014 - 9/30/2015
 Days In Reporting Period: 487
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,584	632	2,216
2. Operating Expenses component			
A. Administration			160,504
B. Plant Operation			40,033
C. Laundry			0
D. Housekeeping			4,963
E. Operating Expense Component & Per Diem	92.7347	92.7347	205,500
3. Resident Care			
A. Dietary			15,037
B. Other			0
C. Nursing			72,962
D. Resident Care & Per Diem	39.7107	39.7107	87,999
4. Prop Exp & Per Diem	16.7730	16.7730	37,169
5. ROE/Use Per Diem	3.2744	3.2744	7,256
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,188.00	632.00	1,820.00
3. Staffing Percent	0.6527	0.3473	1.0000
4. Allocation of Direct Care	286,927.46	152,641.54	439,569.00
5. Direct Care Expense Per Diem	181.1411	241.5214	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,584	632	2,216
2. Additional Services	8,691	3,467	12,158
3. Additional Services Exp & Per Diem	5.4867	5.4858	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.7347	92.7347	205,500
2. Resident Care Component	226.3385	286.7179	539,726
3. Property Cost Component	16.7730	16.7730	37,169
4. ROE/Use Allow Component	3.2744	3.2744	7,256
5. Total Cost Per Diem	339.1206	399.5000	789,651

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		39.7107	39.7107	A3D Allowable Resident Care Exp		87,999
B5 Allocation of D/C Expenses		181.1411	241.5214	B4 Allocation of D/C Expenses		439,569
C3 Additional Services per Diem		5.4867	5.4858	C2 Additional Services per Diem		12,158
Total Resident Care Component		226.3385	286.7179	Total Resident Care Component		539,726

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012038000 - 2017/07

RI: 378.55

NM: 442.44

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Seaview (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	92.735	226.339	319.073	92.735	286.718	379.453
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)	92.735	226.339	319.073	92.735	286.718	379.453
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	92.735	226.339	319.073	92.735	286.718	379.453
12.Plus: Property Rate Component			16.773			16.773
13.Plus: ROE/Use Rate			3.274			3.274
14.Total Current Period Base			339.121			399.500
15.Prospective Rate: Line 11 x Inflation 1.08771264	100.869	246.191	347.060	100.869	311.867	412.735
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	100.869	246.191	347.060	100.869	311.867	412.735
19.Property Rate Component			16.773			16.773
20.ROE Component + ROE Interim Component			3.274			3.274
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			367.11			432.78
23.Medicaid Days			1,584			632
24.Resident Days			1,584			632
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.61)			(12.40)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			378.55			442.44



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

012040300 - 2017/07
RI:357.36 / NM:405.37

Gulfview (Mentor)
 2603 N State Ave E 12th ST
 Panama City, FL 32405-4359

Provider Number: 012040300
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>384.92</u>	<u>357.36</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>425.21</u>	<u>405.37</u>	<u>7/1/2017</u>

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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 7/2017

012040300

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	366	1,830	2,196
2. Operating Expenses component			
A. Administration			136,124
B. Plant Operation			51,269
C. Laundry			0
D. Housekeeping			4,610
E. Operating Expense Component & Per Diem	87.4331	87.4331	192,003
3. Resident Care			
A. Dietary			9,689
B. Other			0
C. Nursing			90,913
D. Resident Care & Per Diem	45.8115	45.8115	100,602
4. Prop Exp & Per Diem	24.0055	24.0055	52,716
5. ROE/Use Per Diem	4.8484	4.8484	10,647
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	274.50	1,830.00	2,104.50
3. Staffing Percent	0.1304	0.8696	1.0000
4. Allocation of Direct Care	51,368.61	342,457.39	393,826.00
5. Direct Care Expense Per Diem	140.3514	187.1352	
C. Additional Services Expense			
1. Medicaid Inpatient Days	366	1,830	2,196
2. Additional Services	9,668	48,338	58,006
3. Additional Services Exp & Per Diem	26.4153	26.4142	
D. Medicaid Per Diem Cost			
1. Operating Component	87.4331	87.4331	192,003
2. Resident Care Component	212.5782	259.3609	552,434
3. Property Cost Component	24.0055	24.0055	52,716
4. ROE/Use Allow Component	4.8484	4.8484	10,647
5. Total Cost Per Diem	328.8652	375.6479	807,800

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300
FYE: 09/30/2016

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	45.8115	45.8115		A3D Allowable Resident Care Exp	100,602
B5 Allocation of D/C Expenses	140.3514	187.1352		B4 Allocation of D/C Expenses	393,826
C3 Additional Services per Diem	26.4153	26.4142		C2 Additional Services per Diem	58,006
Total Resident Care Component	212.5782	259.3609		Total Resident Care Component	552,434

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012040300 - 2017/07

RI: 357.36

NM: 405.37

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Gulfview (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201404
Prior Cost Report				

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 0.00000000	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	87.433	212.578	300.011	87.433	259.361	346.794
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)	87.433	212.578	300.011	87.433	259.361	346.794
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	87.433	212.578	300.011	87.433	259.361	346.794
12.Plus: Property Rate Component			24.006			24.006
13.Plus: ROE/Use Rate			4.848			4.848
14.Total Current Period Base			328.865			375.648
15.Prospective Rate: Line 11 x Inflation 1.05485530	92.229	224.239	316.469	92.229	273.588	365.817
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	92.229	224.239	316.469	92.229	273.588	365.817
19.Property Rate Component			24.006			24.006
20.ROE Component + ROE Interim Component			4.848			4.848
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			345.32			394.67
23.Medicaid Days			366			1,830
24.Resident Days			366			1,830
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.02)			(11.36)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			357.36			405.37



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

012073200 - 2017/07
RI:421.45 / NM:0.00

**Suffridge Drive Group Home
 (Res-Care)**

27566 Suffridge Drive
 Bonita Springs, FL 33923

Provider Type: ICF/IID

Provider Number: 012073200

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	460.59	421.45	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

012073200

Provider Name:	Suffridge Drive Group Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	12073200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	0	1,830
2. Operating Expenses component			
A. Administration			155,572
B. Plant Operation			35,069
C. Laundry			880
D. Housekeeping			2,499
E. Operating Expense Component & Per Diem	106.0219		194,020
3. Resident Care			
A. Dietary			27,263
B. Other			0
C. Nursing			51,895
D. Resident Care & Per Diem	43.2557		79,158
4. Prop Exp & Per Diem	23.5978		43,184
5. ROE/Use Per Diem	0.8798		1,610
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	0.00	1,372.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	308,630.00	0.00	308,630.00
5. Direct Care Expense Per Diem	168.6503	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	0	1,830
2. Additional Services	58,015	0	58,015
3. Additional Services Exp & Per Diem	31.7022	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	106.0219	0.0000	194,020
2. Resident Care Component	243.6082	0.0000	445,803
3. Property Cost Component	23.5978	0.0000	43,184
4. ROE/Use Allow Component	0.8798	0.0000	1,610
5. Total Cost Per Diem	374.1077	0.0000	684,617

Resident Care Component Per-Diem Calculation

Facility Name: Suffridge Drive Group Home (Res-Care)

Provider Number: 12073200
FYE: 10/31/2016

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		43.2557	0.0000	A3D Allowable Resident Care Exp		79,158
B5 Allocation of D/C Expenses		168.6503	0.0000	B4 Allocation of D/C Expenses		308,630
C3 Additional Services per Diem		31.7022	0.0000	C2 Additional Services per Diem		58,015
Total Resident Care Component		243.6082	0.0000	Total Resident Care Component		445,803

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

012073200 - 2017/07

RI: 421.45

NM: 0.00

Suffridge Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	132.062	261.984	394.046	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	137.220	272.217	409.437	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	139.284	276.310	415.594	0.000	0.000	0.000
4.Current Period Cost	106.022	243.608	349.630	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	33.262	32.702		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	106.022	243.608	349.630	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	16.631	16.351	32.982	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.602	7.308	17.910	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.602	7.308	17.910	0.000	0.000	0.000
10.Final Incentive	10.602	7.308	17.910	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	116.624	250.916	367.541	0.000	0.000	0.000
12.Plus: Property Rate Component			23.598			0.000
13.Plus: ROE/Use Rate			0.880			0.000
14.Total Current Period Base			392.018			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	122.711	264.013	386.725	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	122.711	264.013	386.725	0.000	0.000	0.000
19.Property Rate Component			23.598			0.000
20.ROE Component + ROE Interim Component			0.880			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			411.20			0.00
23.Medicaid Days		1,830			0	
24.Resident Days		1,830			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(11.82)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			421.45			0.00



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

012074200 - 2017/07
RI:340.12 / NM:374.12

**Coletta Drive Group Home
 (Res-Care)**

1604 Coletta Drive
 Orlando, FL 32807

Provider Type: ICF/IID

Provider Number: 012074200

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	358.35	340.12	7/1/2017
#8 Non-Ambulatory & #9 Medical	392.53	374.12	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

012074200

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Coletta Drive Group Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	12074200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,537	366	1,903
2. Operating Expenses component			
A. Administration			154,053
B. Plant Operation			40,345
C. Laundry			917
D. Housekeeping			5,984
E. Operating Expense Component & Per Diem	105.7798	105.7798	201,299
3. Resident Care			
A. Dietary			26,158
B. Other			0
C. Nursing			8,246
D. Resident Care & Per Diem	18.0788	18.0788	34,404
4. Prop Exp & Per Diem	25.3258	25.3258	48,195
5. ROE/Use Per Diem	1.3500	1.3500	2,569
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,152.75	366.00	1,518.75
3. Staffing Percent	0.7590	0.2410	1.0000
4. Allocation of Direct Care	148,722.40	47,219.60	195,942.00
5. Direct Care Expense Per Diem	96.7615	129.0153	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,537	366	1,903
2. Additional Services	79,072	18,826	97,898
3. Additional Services Exp & Per Diem	51.4457	51.4372	
D. Medicaid Per Diem Cost			
1. Operating Component	105.7798	105.7798	201,299
2. Resident Care Component	166.2860	198.5313	328,244
3. Property Cost Component	25.3258	25.3258	48,195
4. ROE/Use Allow Component	1.3500	1.3500	2,569
5. Total Cost Per Diem	298.7416	330.9869	580,307

Resident Care Component Per-Diem Calculation

Facility Name: Coletta Drive Group Home (Res-Care)

Provider Number: 12074200
FYE: 10/31/2016

R/I & N/M Days	
R/I	N/M
18.0788	18.0788
96.7615	129.0153
51.4457	51.4372
166.2860	198.5313

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
34,404
195,942
97,898
328,244

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074200 - 2017/07

RI: 340.12

NM: 374.12

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Coletta Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	117.247	180.627	297.873	117.247	212.968	330.215
2.Inflate Line 1 by Inflation Factor 1.03906024	121.826	187.682	309.508	121.826	221.287	343.113
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	123.658	190.504	314.162	123.658	224.614	348.272
4.Current Period Cost	105.780	166.286	272.066	105.780	198.531	304.311
5.Incentive Basis (line 3 - line 4)	17.879	24.218		17.879	26.083	
6.Allowed Current Period Costs (Min of line 3 or 4)	105.780	166.286	272.066	105.780	198.531	304.311
7.Incentive Line 5 x Oper 50% Res 50%	8.939	12.109	21.048	8.939	13.041	21.981
8.Incentive - Line 4 x Oper 10% Res 3%	10.578	4.989	15.567	10.578	5.956	16.534
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.939	4.989	13.928	8.939	5.956	14.895
10.Final Incentive	8.939	4.989	13.928	8.939	5.956	14.895
11.Current Period Base: (line 6 + line 10)	114.719	171.275	285.994	114.719	204.487	319.206
12.Plus: Property Rate Component			25.326			25.326
13.Plus: ROE/Use Rate			1.350			1.350
14.Total Current Period Base			312.669			345.882
15.Pro prospective Rate: Line 11 x Inflation 1.05219668	120.707	180.215	300.922	120.707	215.161	335.868
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	120.707	180.215	300.922	120.707	215.161	335.868
19.Property Rate Component			25.326			25.326
20.ROE Component + ROE Interim Component			1.350			1.350
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			327.60			362.54
23.Medicaid Days			1,537			366
24.Resident Days			1,537			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.54)			(10.49)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			340.12			374.12



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

012074800 - 2017/07
RI:318.14 / NM:348.61

**Spring Street Group Home
 (Res-Care)**

1463 Spring Street
 Lake City, FL 32052

Provider Type: ICF/IID

Provider Number: 012074800

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	327.81	318.14	7/1/2017
#8 Non-Ambulatory & #9 Medical	361.70	348.61	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

012074800

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Spring Street Group Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	12074800	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,098	1,098	2,196
2. Operating Expenses component			
A. Administration			263,711
B. Plant Operation			31,229
C. Laundry			584
D. Housekeeping			3,305
E. Operating Expense Component & Per Diem	136.0788	136.0788	298,829
3. Resident Care			
A. Dietary			24,115
B. Other			0
C. Nursing			17,454
D. Resident Care & Per Diem	18.9294	18.9294	41,569
4. Prop Exp & Per Diem	19.3160	19.3160	42,418
5. ROE/Use Per Diem	0.8429	0.8429	1,851
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	823.50	1,098.00	1,921.50
3. Staffing Percent	0.4286	0.5714	1.0000
4. Allocation of Direct Care	95,202.86	126,937.14	222,140.00
5. Direct Care Expense Per Diem	86.7057	115.6076	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,098	1,098	2,196
2. Additional Services	45,193	45,193	90,386
3. Additional Services Exp & Per Diem	41.1594	41.1594	
D. Medicaid Per Diem Cost			
1. Operating Component	136.0788	136.0788	298,829
2. Resident Care Component	146.7945	175.6964	354,095
3. Property Cost Component	19.3160	19.3160	42,418
4. ROE/Use Allow Component	0.8429	0.8429	1,851
5. Total Cost Per Diem	303.0322	331.9341	697,193

Resident Care Component Per-Diem Calculation

Facility Name: Spring Street Group Home (Res-Care)

Provider Number: 12074800
FYE: 10/31/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		18.9294	18.9294	A3D Allowable Resident Care Exp		41,569	
B5 Allocation of D/C Expenses		86.7057	115.6076	B4 Allocation of D/C Expenses		222,140	
C3 Additional Services per Diem		41.1594	41.1594	C2 Additional Services per Diem		90,386	
Total Resident Care Component		146.7945	175.6964	Total Resident Care Component		354,095	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012074800 - 2017/07

RI: 318.14

NM: 348.61

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Spring Street Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	113.313	159.489	272.801	113.313	191.559	304.871
2.Inflate Line 1 by Inflation Factor 1.03906024	117.739	165.718	283.457	117.739	199.041	316.779
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	119.509	168.210	287.719	119.509	202.034	321.543
4.Current Period Cost	136.079	146.795	282.873	136.079	175.696	311.775
5.Incentive Basis (line 3 - line 4)	0.000	21.416		0.000	26.337	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.509	146.795	266.303	119.509	175.696	295.205
7.Incentive Line 5 x Oper 50% Res 50%	0.000	10.708	10.708	0.000	13.169	13.169
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.404	4.404	0.000	5.271	5.271
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.404	4.404	0.000	5.271	5.271
10.Final Incentive	0.000	4.404	4.404	0.000	5.271	5.271
11.Current Period Base: (line 6 + line 10)	119.509	151.198	270.707	119.509	180.967	300.476
12.Plus: Property Rate Component			19.316			19.316
13.Plus: ROE/Use Rate			0.843			0.843
14.Total Current Period Base			290.866			320.635
15.Prospective Rate: Line 11 x Inflation 1.05219668	125.747	159.090	284.837	125.747	190.413	316.160
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.747	159.090	284.837	125.747	190.413	316.160
19.Property Rate Component			19.316			19.316
20.ROE Component + ROE Interim Component			0.843			0.843
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			305.00			336.32
23.Medicaid Days			1,098			1,098
24.Resident Days			1,098			1,098
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(8.92)			(9.77)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.14			348.61



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

012075300 - 2017/07
RI:314.38 / NM:344.83

**Walnut Street Group Home
 (Res-Care)**

102 Alexander Road
 Starke, FL 32091

Provider Type: ICF/IID

Provider Number: 012075300

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	382.05	314.38	7/1/2017
#8 Non-Ambulatory & #9 Medical	420.18	344.83	7/1/2017

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </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		

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

012075300

Provider Name: **Walnut Street Group Home (Res-Care)** Cost Report Entered By : Robinson, Nairobi
 Provider Number: 12075300 Rate Semester : July, 2017
 Audit Status: Unaudited Costs Cost Report : 11/1/2015 - 10/31/2016
 Date: 7/20/2017 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	732	2,196
2. Operating Expenses component			150,175
A. Administration			31,257
B. Plant Operation			484
C. Laundry			3,336
D. Housekeeping			185,252
E. Operating Expense Component & Per Diem	84.3588	84.3588	
3. Resident Care			25,522
A. Dietary			0
B. Other			19,992
C. Nursing			45,514
D. Resident Care & Per Diem	20.7259	20.7259	
4. Prop Exp & Per Diem	33.2705	33.2705	73,062
5. ROE/Use Per Diem	1.2914	1.2914	2,836
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	126,916.20	84,610.80	211,527.00
5. Direct Care Expense Per Diem	86.6914	115.5885	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	70,944	35,466	106,410
3. Additional Services Exp & Per Diem	48.4590	48.4508	
D. Medicaid Per Diem Cost			
1. Operating Component	84.3588	84.3588	185,252
2. Resident Care Component	155.8763	184.7652	363,451
3. Property Cost Component	33.2705	33.2705	73,062
4. ROE/Use Allow Component	1.2914	1.2914	2,836
5. Total Cost Per Diem	274.7970	303.6859	624,601

Resident Care Component Per-Diem Calculation

Facility Name: Walnut Street Group Home (Res-Care)

Provider Number: 12075300
FYE: 10/31/2016

R/I & N/M Days	
R/I	N/M
20.7259	20.7259
86.6914	115.5885
48.4590	48.4508
155.8763	184.7652

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
45,514
211,527
106,410
363,451

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012075300 - 2017/07

RI: 314.38

NM: 344.83

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Walnut Street Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	129.764	191.428	321.192	129.764	227.514	357.278
2.Inflate Line 1 by Inflation Factor 1.03906024	134.832	198.906	333.738	134.832	236.401	371.233
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	136.860	201.896	338.756	136.860	239.956	376.815
4.Current Period Cost	84.359	155.876	240.235	84.359	184.765	269.124
5.Incentive Basis (line 3 - line 4)	52.501	46.020		52.501	55.190	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.359	155.876	240.235	84.359	184.765	269.124
7.Incentive Line 5 x Oper 50% Res 50%	26.251	23.010	49.261	26.251	27.595	53.846
8.Incentive - Line 4 x Oper 10% Res 3%	8.436	4.676	13.112	8.436	5.543	13.979
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.436	4.676	13.112	8.436	5.543	13.979
10.Final Incentive	8.436	4.676	13.112	8.436	5.543	13.979
11.Current Period Base: (line 6 + line 10)	92.795	160.553	253.347	92.795	190.308	283.103
12.Plus: Property Rate Component			33.271			33.271
13.Plus: ROE/Use Rate			1.291			1.291
14.Total Current Period Base			287.909			317.665
15.Pro prospective Rate: Line 11 x Inflation 1.05219668	97.638	168.933	266.571	97.638	200.242	297.880
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.638	168.933	266.571	97.638	200.242	297.880
19.Property Rate Component			33.271			33.271
20.ROE Component + ROE Interim Component			1.291			1.291
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			301.13			332.44
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(8.81)			(9.67)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			314.38			344.83



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2017 to 7/2017

012075700

Provider Name:	Bessent Road Group Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	12075700	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			
A. Administration			139,758
B. Plant Operation			36,821
C. Laundry			580
D. Housekeeping			2,182
E. Operating Expense Component & Per Diem	81.6671	81.6671	179,341
3. Resident Care			
A. Dietary			21,946
B. Other			0
C. Nursing			17,718
D. Resident Care & Per Diem	18.0619	18.0619	39,664
4. Prop Exp & Per Diem	21.2842	21.2842	46,740
5. ROE/Use Per Diem	0.7177	0.7177	1,576
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	168,726.31	44,993.69	213,720.00
5. Direct Care Expense Per Diem	92.2002	122.9336	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	91,308	18,266	109,574
3. Additional Services Exp & Per Diem	49.8951	49.9071	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	81.6671	81.6671	179,341
2. Resident Care Component	160.1572	190.9026	362,958
3. Property Cost Component	21.2842	21.2842	46,740
4. ROE/Use Allow Component	0.7177	0.7177	1,576
5. Total Cost Per Diem	263.8262	294.5716	590,615

Resident Care Component Per-Diem Calculation

Facility Name: Bessent Road Group Home (Res-Care)

Provider Number: 12075700
FYE: 10/31/2016

R/I & N/M Days	
R/I	N/M
18.0619	18.0619
92.2002	122.9336
49.8951	49.9071
160.1572	190.9026

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
39,664
213,720
109,574
362,958

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012075700 - 2017/07

RI: 303.64

NM: 336.06

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Bessent Road Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	131.915	196.286	328.201	131.915	235.257	367.172
2.Inflate Line 1 by Inflation Factor 1.03906024	137.068	203.953	341.021	137.068	244.446	381.514
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	139.129	207.020	346.149	139.129	248.121	387.250
4.Current Period Cost	81.667	160.157	241.824	81.667	190.903	272.570
5.Incentive Basis (line 3 - line 4)	57.462	46.862		57.462	57.219	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.667	160.157	241.824	81.667	190.903	272.570
7.Incentive Line 5 x Oper 50% Res 50%	28.731	23.431	52.162	28.731	28.609	57.340
8.Incentive - Line 4 x Oper 10% Res 3%	8.167	4.805	12.971	8.167	5.727	13.894
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.167	4.805	12.971	8.167	5.727	13.894
10.Final Incentive	8.167	4.805	12.971	8.167	5.727	13.894
11.Current Period Base: (line 6 + line 10)	89.834	164.962	254.796	89.834	196.630	286.463
12.Plus: Property Rate Component			21.284			21.284
13.Plus: ROE/Use Rate			0.718			0.718
14.Total Current Period Base			276.798			308.465
15.Prospective Rate: Line 11 x Inflation 1.05219668	94.523	173.572	268.095	94.523	206.893	301.416
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	94.523	173.572	268.095	94.523	206.893	301.416
19.Property Rate Component			21.284			21.284
20.ROE Component + ROE Interim Component			0.718			0.718
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			290.10			323.42
23.Medicaid Days			1,830			366
24.Resident Days			1,830			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(8.51)			(9.42)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			303.64			336.06



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

012075900

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Frederick Avenue Group Home (Res-Care)**
 Provider Number: 12075900
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 11/1/2015 - 10/31/2016
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			158,760
A. Administration			38,651
B. Plant Operation			699
C. Laundry			3,399
D. Housekeeping			201,509
E. Operating Expense Component & Per Diem	91.7618	91.7618	
3. Resident Care			25,045
A. Dietary			0
B. Other			47,861
C. Nursing			72,906
D. Resident Care & Per Diem	33.1995	33.1995	
4. Prop Exp & Per Diem	21.3147	21.3147	46,807
5. ROE/Use Per Diem	0.3616	0.3616	794
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	181,271.84	48,339.16	229,611.00
5. Direct Care Expense Per Diem	99.0557	132.0742	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	119,185	23,843	143,028
3. Additional Services Exp & Per Diem	65.1284	65.1448	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	91.7618	91.7618	201,509
2. Resident Care Component	197.3836	230.4185	445,545
3. Property Cost Component	21.3147	21.3147	46,807
4. ROE/Use Allow Component	0.3616	0.3616	794
5. Total Cost Per Diem	310.8217	343.8566	694,655

Resident Care Component Per-Diem Calculation

Facility Name: Frederick Avenue Group Home (Res-Care)

Provider Number: 12075900
FYE: 10/31/2016

		R/I & N/M Days				TOTALS
		R/I	N/M			
A3D Allowable Resident Care Exp		33.1995	33.1995	A3D Allowable Resident Care Exp		72,906
B5 Allocation of D/C Expenses		99.0557	132.0742	B4 Allocation of D/C Expenses		229,611
C3 Additional Services per Diem		65.1284	65.1448	C2 Additional Services per Diem		143,028
Total Resident Care Component		197.3836	230.4185	Total Resident Care Component		445,545

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012075900 - 2017/07

RI: 347.51

NM: 383.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Frederick Avenue Group Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	117.395	186.809	304.204	117.395	221.520	338.915
2.Inflate Line 1 by Inflation Factor 1.03906024	121.980	194.106	316.086	121.980	230.172	352.153
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	123.815	197.025	320.839	123.815	233.633	357.448
4.Current Period Cost	91.762	197.384	289.145	91.762	230.419	322.180
5.Incentive Basis (line 3 - line 4)	32.053	0.000		32.053	3.215	
6.Allowed Current Period Costs (Min of line 3 or 4)	91.762	197.025	288.787	91.762	230.419	322.180
7.Incentive Line 5 x Oper 50% Res 50%	16.026	0.000	16.026	16.026	1.607	17.634
8.incentive - Line 4 x Oper 10% Res 3%	9.176	0.000	9.176	9.176	6.913	16.089
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.176	0.000	9.176	9.176	1.607	10.784
10.Final Incentive	9.176	0.000	9.176	9.176	1.607	10.784
11.Current Period Base: (line 6 + line 10)	100.938	197.025	297.963	100.938	232.026	332.964
12.Plus: Property Rate Component			21.315			21.315
13.Plus: ROE/Use Rate			0.362			0.362
14.Total Current Period Base			319.639			354.640
15.Prospective Rate: Line 11 x Inflation 1.05219668	106.207	207.309	313.515	106.207	244.137	350.343
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	106.207	207.309	313.515	106.207	244.137	350.343
19.Property Rate Component			21.315			21.315
20.ROE Component + ROE Interim Component			0.362			0.362
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			335.19			372.02
23.Medicaid Days			1,830			366
24.Resident Days			1,830			366
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.74)			(10.75)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			347.51			383.33



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

012373500 - 2017/07
RI:330.36 / NM:362.95

**107th Place Group Home
 (Res-Care)**
 2233 NW 41st St Ste 300
 Gainesville, FL 32606

Provider Number: 012373500

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>336.07</u>	<u>330.36</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>368.69</u>	<u>362.95</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

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

10140 Linn Station Road
Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 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

012373500

Rate Period(s) 07/2017 to 7/2017

Provider Name:	107th Place Group Home (Res-Care)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	12373500	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,446	684	2,130
2. Operating Expenses component			154,236
A. Administration			40,890
B. Plant Operation			845
C. Laundry			4,985
D. Housekeeping			200,956
E. Operating Expense Component & Per Diem	94.3455	94.3455	
3. Resident Care			26,125
A. Dietary			0
B. Other			33,024
C. Nursing			59,149
D. Resident Care & Per Diem	27.7695	27.7695	
4. Prop Exp & Per Diem	23.4300	23.4300	49,906
5. ROE/Use Per Diem	0.4531	0.4531	965
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,084.50	684.00	1,768.50
3. Staffing Percent	0.6132	0.3868	1.0000
4. Allocation of Direct Care	135,067.32	85,187.69	220,255.00
5. Direct Care Expense Per Diem	93.4075	124.5434	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,446	684	2,130
2. Additional Services	76,983	36,411	113,394
3. Additional Services Exp & Per Diem	53.2386	53.2325	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	94.3455	94.3455	200,956
2. Resident Care Component	174.4156	205.5454	392,798
3. Property Cost Component	23.4300	23.4300	49,906
4. ROE/Use Allow Component	0.4531	0.4531	965
5. Total Cost Per Diem	292.6442	323.7740	644,625

Resident Care Component Per-Diem Calculation

Facility Name: 107th Place Group Home (Res-Care)

Provider Number: 12373500
FYE: 10/31/2016

		R/I & N/M Days				TOTALS	
		R/I	N/M				
A3D Allowable Resident Care Exp		27.7695	27.7695	A3D Allowable Resident Care Exp		59,149	
B5 Allocation of D/C Expenses		93.4075	124.5434	B4 Allocation of D/C Expenses		220,255	
C3 Additional Services per Diem		53.2386	53.2325	C2 Additional Services per Diem		113,394	
Total Resident Care Component		174.4156	205.5454	Total Resident Care Component		392,798	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

012373500 - 2017/07

RI: 330.36

NM: 362.95

107th Place Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.461	167.109	279.569	112.461	197.977	310.438
2.Inflate Line 1 by Inflation Factor 1.03906024	116.853	173.636	290.489	116.853	205.710	322.563
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	118.610	176.247	294.857	118.610	208.803	327.414
4.Current Period Cost	94.346	174.416	268.761	94.346	205.545	299.891
5.Incentive Basis (line 3 - line 4)	24.265	1.831		24.265	3.258	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.346	174.416	268.761	94.346	205.545	299.891
7.Incentive Line 5 x Oper 50% Res 50%	12.132	0.916	13.048	12.132	1.629	13.761
8.Incentive - Line 4 x Oper 10% Res 3%	9.435	5.232	14.667	9.435	6.166	15.601
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	9.435	0.916	10.350	9.435	1.629	11.063
10.Final Incentive	9.435	0.916	10.350	9.435	1.629	11.063
11.Current Period Base: (line 6 + line 10)	103.780	175.331	279.111	103.780	207.174	310.954
12.Plus: Property Rate Component			23.430			23.430
13.Plus: ROE/Use Rate			0.453			0.453
14.Total Current Period Base			302.994			334.837
15.Prospective Rate: Line 11 x Inflation 1.05219668	109.197	184.483	293.680	109.197	217.988	327.185
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	109.197	184.483	293.680	109.197	217.988	327.185
19.Property Rate Component			23.430			23.430
20.ROE Component + ROE Interim Component			0.453			0.453
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			317.56			351.07
23.Medicaid Days		1,446			684	
24.Resident Days		1,446			684	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.26)			(10.18)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			330.36			362.95



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

012374200 - 2017/07
RI:375.16 / NM:0.00

**Second Street Group Home
 (Res-Care)**

3841 SE 2nd Street
 Ocala, FL 34471

Provider Type: ICF/IID

Provider Number: 012374200

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	376.24	375.16	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

012374200

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Second Street Group Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	12374200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,736	0	1,736
2. Operating Expenses component			
A. Administration			153,102
B. Plant Operation			30,637
C. Laundry			621
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	108.0645		187,600
3. Resident Care			
A. Dietary			23,293
B. Other			0
C. Nursing			25,946
D. Resident Care & Per Diem	28.3635		49,239
4. Prop Exp & Per Diem	26.5225		46,043
5. ROE/Use Per Diem	1.0697		1,857
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,302.00	0.00	1,302.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	223,725.00	0.00	223,725.00
5. Direct Care Expense Per Diem	128.8738	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,736	0	1,736
2. Additional Services	127,943	0	127,943
3. Additional Services Exp & Per Diem	73.6999	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	108.0645	0.0000	187,600
2. Resident Care Component	230.9372	0.0000	400,907
3. Property Cost Component	26.5225	0.0000	46,043
4. ROE/Use Allow Component	1.0697	0.0000	1,857
5. Total Cost Per Diem	366.5939	0.0000	636,407

Resident Care Component Per-Diem Calculation

Facility Name: Second Street Group Home (Res-Care)

Provider Number: 12374200
FYE: 10/31/2016

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		28.3635	0.0000	A3D Allowable Resident Care Exp		49,239
B5 Allocation of D/C Expenses		128.8738	0.0000	B4 Allocation of D/C Expenses		223,725
C3 Additional Services per Diem		73.6999	0.0000	C2 Additional Services per Diem		127,943
Total Resident Care Component		230.9372	0.0000	Total Resident Care Component		400,907

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012374200 - 2017/07

RI: 375.16

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Second Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	125.726	190.092	315.818	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	130.637	197.517	328.154	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	132.601	200.487	333.088	0.000	0.000	0.000
4.Current Period Cost	108.065	230.937	339.002	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	24.537	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	108.065	200.487	308.551	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	12.268	0.000	12.268	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.806	0.000	10.806	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.806	0.000	10.806	0.000	0.000	0.000
10.Final Incentive	10.806	0.000	10.806	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	118.871	200.487	319.358	0.000	0.000	0.000
12.Plus: Property Rate Component			26.523			0.000
13.Plus: ROE/Use Rate			1.070			0.000
14.Total Current Period Base			346.950			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	125.076	210.951	336.027	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.076	210.951	336.027	0.000	0.000	0.000
19.Property Rate Component			26.523			0.000
20.ROE Component + ROE Interim Component			1.070			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			363.62			0.00
23.Medicaid Days			1,736			0
24.Resident Days			1,736			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(10.52)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			375.16			0.00



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

012374400 - 2017/07
RI:326.68 / NM:0.00

**Rosewood Avenue Group
 Home (Res-Care)**
 71 Rosewood Avenue
 Ormond Beach, FL 32174
 Provider Type: ICF/IID

Provider Number: 012374400

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	370.76	326.68	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

012374400

Provider Name: **Rosewood Avenue Group Home (Res-Care)**
 Provider Number: 12374400
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 11/1/2015 - 10/31/2016
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			150,274
B. Plant Operation			37,022
C. Laundry			1,237
D. Housekeeping			3,649
E. Operating Expense Component & Per Diem	87.5146		192,182
3. Resident Care			
A. Dietary			23,838
B. Other			0
C. Nursing			45,809
D. Resident Care & Per Diem	31.7154		69,647
4. Prop Exp & Per Diem	19.9372		43,782
5. ROE/Use Per Diem	1.0519		2,310
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	222,249.00	0.00	222,249.00
5. Direct Care Expense Per Diem	101.2063	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	96,134	0	96,134
3. Additional Services Exp & Per Diem	43.7769	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	87.5146	0.0000	192,182
2. Resident Care Component	176.6986	0.0000	388,030
3. Property Cost Component	19.9372	0.0000	43,782
4. ROE/Use Allow Component	1.0519	0.0000	2,310
5. Total Cost Per Diem	285.2023	0.0000	626,304

Resident Care Component Per-Diem Calculation

Facility Name: Rosewood Avenue Group Home (Res-Care)

Provider Number: 12374400
FYE: 10/31/2016

		No N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		31.7154	0.0000	A3D Allowable Resident Care Exp		69,647	
B5 Allocation of D/C Expenses		101.2063	0.0000	B4 Allocation of D/C Expenses		222,249	
C3 Additional Services per Diem		43.7769	0.0000	C2 Additional Services per Diem		96,134	
Total Resident Care Component		176.6986	0.0000	Total Resident Care Component		388,030	

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Office of Medicaid Cost Reimbursement Planning and Finance

012374400 - 2017/07

RI: 326.68

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Rosewood Avenue Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	118.600	192.841	311.441	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	123.233	200.373	323.606	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	125.086	203.386	328.472	0.000	0.000	0.000
4.Current Period Cost	87.515	176.699	264.213	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	37.571	26.688		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.515	176.699	264.213	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	18.785	13.344	32.129	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	8.751	5.301	14.052	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.751	5.301	14.052	0.000	0.000	0.000
10.Final Incentive	8.751	5.301	14.052	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	96.266	182.000	278.266	0.000	0.000	0.000
12.Plus: Property Rate Component			19.937			0.000
13.Plus: ROE/Use Rate			1.052			0.000
14.Total Current Period Base			299.255			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	101.291	191.499	292.790	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	101.291	191.499	292.790	0.000	0.000	0.000
19.Property Rate Component			19.937			0.000
20.ROE Component + ROE Interim Component			1.052			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			313.78			0.00
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(9.16)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			326.68			0.00



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

012375400 - 2017/07
RI:334.07 / NM:369.80

**19th Street Group Home
 (Res-Care)**

529 NW 19th Street
 Gainesville, FL 32603

Provider Type: ICF/IID

Provider Number: 012375400

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	374.06	334.07	7/1/2017
#8 Non-Ambulatory & #9 Medical	409.03	369.80	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

012375400

Rate Period(s) 07/2017 to 7/2017

Provider Name: **19th Street Group Home (Res-Care)**
 Provider Number: 12375400
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 11/1/2015 - 10/31/2016
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,325	702	2,027
2. Operating Expenses component			150,908
A. Administration			14,323
B. Plant Operation			715
C. Laundry			3,837
D. Housekeeping			169,783
E. Operating Expense Component & Per Diem	83.7607	83.7607	
3. Resident Care			25,014
A. Dietary			0
B. Other			24,598
C. Nursing			49,612
D. Resident Care & Per Diem	24.4756	24.4756	
4. Prop Exp & Per Diem	25.4480	25.4480	51,583
5. ROE/Use Per Diem	1.2407	1.2407	2,515
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	993.75	702.00	1,695.75
3. Staffing Percent	0.5860	0.4140	1.0000
4. Allocation of Direct Care	128,966.86	91,104.14	220,071.00
5. Direct Care Expense Per Diem	97.3335	129.7780	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,325	702	2,027
2. Additional Services	101,689	53,870	155,559
3. Additional Services Exp & Per Diem	76.7464	76.7379	
D. Medicaid Per Diem Cost			
1. Operating Component	83.7607	83.7607	169,783
2. Resident Care Component	198.5555	230.9915	425,242
3. Property Cost Component	25.4480	25.4480	51,583
4. ROE/Use Allow Component	1.2407	1.2407	2,515
5. Total Cost Per Diem	309.0049	341.4409	649,123

Resident Care Component Per-Diem Calculation

Facility Name: 19th Street Group Home (Res-Care)

Provider Number: 12375400
FYE: 10/31/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		24.4756	24.4756	A3D Allowable Resident Care Exp		49,612	
B5 Allocation of D/C Expenses		97.3335	129.7780	B4 Allocation of D/C Expenses		220,071	
C3 Additional Services per Diem		76.7464	76.7379	C2 Additional Services per Diem		155,559	
Total Resident Care Component		198.5555	230.9915	Total Resident Care Component		425,242	

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Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and
 Finance

012375400 - 2017/07

RI: 334.07

NM: 369.80

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

19th Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	131.894	178.191	310.085	131.894	211.286	343.180
2.Inflate Line 1 by Inflation Factor 1.03906024	137.046	185.151	322.197	137.046	219.538	356.584
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	139.106	187.935	327.041	139.106	222.840	361.946
4.Current Period Cost	83.761	198.556	282.316	83.761	230.992	314.752
5.Incentive Basis (line 3 - line 4)	55.346	0.000		55.346	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	83.761	187.935	271.696	83.761	222.840	306.600
7.Incentive Line 5 x Oper 50% Res 50%	27.673	0.000	27.673	27.673	0.000	27.673
8.Incentive - Line 4 x Oper 10% Res 3%	8.376	0.000	8.376	8.376	0.000	8.376
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.376	0.000	8.376	8.376	0.000	8.376
10.Final Incentive	8.376	0.000	8.376	8.376	0.000	8.376
11.Current Period Base: (line 6 + line 10)	92.137	187.935	280.072	92.137	222.840	314.976
12.Plus: Property Rate Component			25.448			25.448
13.Plus: ROE/Use Rate			1.241			1.241
14.Total Current Period Base			306.760			341.665
15.Prospective Rate: Line 11 x Inflation 1.05219668	96.946	197.745	294.691	96.946	234.471	331.417
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	96.946	197.745	294.691	96.946	234.471	331.417
19.Property Rate Component			25.448			25.448
20.ROE Component + ROE Interim Component			1.241			1.241
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			321.38			358.11
23.Medicaid Days			1,325			702
24.Resident Days			1,325			702
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.37)			(10.37)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			334.07			369.80



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 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

012386400 - 2017/07
RI:328.05 / NM:0.00

**Tunis Street Group Home
 (Res-Care)**

4748 Tunis Street
 Jacksonville, FL 32205

Provider Type: ICF/IID

Provider Number: 012386400

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	373.54	328.05	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

012386400

Provider Name:	Tunis Street Group Home (Res-Care)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	12386400	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			142,192
B. Plant Operation			32,477
C. Laundry			831
D. Housekeeping			3,102
E. Operating Expense Component & Per Diem	81.3306		178,602
3. Resident Care			
A. Dietary			22,358
B. Other			0
C. Nursing			39,762
D. Resident Care & Per Diem	28.2878		62,120
4. Prop Exp & Per Diem	19.0319		41,794
5. ROE/Use Per Diem	0.7778		1,708
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	213,783.00	0.00	213,783.00
5. Direct Care Expense Per Diem	97.3511	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	131,864	0	131,864
3. Additional Services Exp & Per Diem	60.0474	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	81.3306	0.0000	178,602
2. Resident Care Component	185.6863	0.0000	407,767
3. Property Cost Component	19.0319	0.0000	41,794
4. ROE/Use Allow Component	0.7778	0.0000	1,708
5. Total Cost Per Diem	286.8266	0.0000	629,871

Resident Care Component Per-Diem Calculation

Facility Name: Tunis Street Group Home (Res-Care)

Provider Number: 12386400
FYE: 10/31/2016

		No N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		28.2878	0.0000	A3D Allowable Resident Care Exp		62,120	
B5 Allocation of D/C Expenses		97.3511	0.0000	B4 Allocation of D/C Expenses		213,783	
C3 Additional Services per Diem		60.0474	0.0000	C2 Additional Services per Diem		131,864	
Total Resident Care Component		185.6863	0.0000	Total Resident Care Component		407,767	

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 Office of Medicaid Cost Reimbursement Planning and
 Finance

012386400 - 2017/07

RI: 328.05

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Tunis Street Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.184	199.350	315.533	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	120.722	207.136	327.858	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	122.537	210.251	332.788	0.000	0.000	0.000
4.Current Period Cost	81.331	185.686	267.017	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	41.206	24.565		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.331	185.686	267.017	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	20.603	12.282	32.886	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	8.133	5.571	13.704	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.133	5.571	13.704	0.000	0.000	0.000
10.Final Incentive	8.133	5.571	13.704	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	89.464	191.257	280.721	0.000	0.000	0.000
12.Plus: Property Rate Component			19.032			0.000
13.Plus: ROE/Use Rate			0.778			0.000
14.Total Current Period Base			300.530			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	94.133	201.240	295.373	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	94.133	201.240	295.373	0.000	0.000	0.000
19.Property Rate Component			19.032			0.000
20.ROE Component + ROE Interim Component			0.778			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			315.18			0.00
23.Medicaid Days			2,196			0
24.Resident Days			2,196			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(9.20)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			328.05			0.00



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012390800 - 2017/07
RI:370.19 / NM:0.00

**Plaza Oval Group Home
 (Res-Care)**
 247 Plaza Oval
 Casselberry, FL 32707

Provider Number: 012390800
 Date: 7/18/2017
 FYE: 10/31/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>376.00</u>	<u>370.19</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

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

10140 Linn Station Road
Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 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) 07/2017 to 7/2017

012390800

Provider Name:	Plaza Oval Group Home (Res-Care)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	12390800	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,856	0	1,856
2. Operating Expenses component			
A. Administration			157,620
B. Plant Operation			39,426
C. Laundry			805
D. Housekeeping			4,527
E. Operating Expense Component & Per Diem	109.0399		202,378
3. Resident Care			
A. Dietary			23,141
B. Other			0
C. Nursing			11,383
D. Resident Care & Per Diem	18.6013		34,524
4. Prop Exp & Per Diem	22.8987		42,500
5. ROE/Use Per Diem	1.4833		2,753
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,392.00	0.00	1,392.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	238,458.00	0.00	238,458.00
5. Direct Care Expense Per Diem	128.4795	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,856	0	1,856
2. Additional Services	84,693	0	84,693
3. Additional Services Exp & Per Diem	45.6320	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	109.0399	0.0000	202,378
2. Resident Care Component	192.7128	0.0000	357,675
3. Property Cost Component	22.8987	0.0000	42,500
4. ROE/Use Allow Component	1.4833	0.0000	2,753
5. Total Cost Per Diem	326.1347	0.0000	605,306

Resident Care Component Per-Diem Calculation

Facility Name: Plaza Oval Group Home (Res-Care)

Provider Number: 12390800
FYE: 10/31/2016

No N/M Days	
R/I	N/M
18.6013	0.0000
128.4795	0.0000
45.6320	0.0000
192.7128	0.0000

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
34,524
238,458
84,693
357,675

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012390800 - 2017/07

RI: 370.19

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Plaza Oval Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	122.390	197.520	319.910	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	127.170	205.235	332.405	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	129.083	208.321	337.404	0.000	0.000	0.000
4.Current Period Cost	109.040	192.713	301.753	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	20.043	15.608		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	109.040	192.713	301.753	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	10.021	7.804	17.825	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	10.904	5.781	16.685	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	10.021	5.781	15.803	0.000	0.000	0.000
10.Final Incentive	10.021	5.781	15.803	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	119.061	198.494	317.555	0.000	0.000	0.000
12.Plus: Property Rate Component			22.899			0.000
13.Plus: ROE/Use Rate			1.483			0.000
14.Total Current Period Base			341.937			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	125.276	208.855	334.131	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	125.276	208.855	334.131	0.000	0.000	0.000
19.Property Rate Component			22.899			0.000
20.ROE Component + ROE Interim Component			1.483			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			358.51			0.00
23.Medicaid Days			1,856			0
24.Resident Days			1,856			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(10.38)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			370.19			0.00



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

012392700 - 2017/07
RI:404.81 / NM:444.51

**Claudia Drive Group Home
 (Res-Care)**

140 Claudia Drive
 Jacksonville, FL 32218

Provider Type: ICF/IID

Provider Number: 012392700

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	386.43	404.81	7/1/2017
#8 Non-Ambulatory & #9 Medical	425.30	444.51	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

012392700

Provider Name: **Claudia Drive Group Home (Res-Care)** Cost Report Entered By : Falk, Rebekah
 Provider Number: 12392700 Rate Semester : July, 2017
 Audit Status: Unaudited Costs Cost Report : 11/1/2015 - 10/31/2016
 Date: 7/20/2017 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,128	561	1,689
2. Operating Expenses component			
A. Administration			210,183
B. Plant Operation			32,565
C. Laundry			588
D. Housekeeping			4,069
E. Operating Expense Component & Per Diem	146.4802	146.4802	247,405
3. Resident Care			
A. Dietary			20,245
B. Other			0
C. Nursing			40,084
D. Resident Care & Per Diem	35.7188	35.7188	60,329
4. Prop Exp & Per Diem	29.6122	29.6122	50,015
5. ROE/Use Per Diem	1.2321	1.2321	2,081
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	846.00	561.00	1,407.00
3. Staffing Percent	0.6013	0.3987	1.0000
4. Allocation of Direct Care	127,669.04	84,659.96	212,329.00
5. Direct Care Expense Per Diem	113.1818	150.9090	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,128	561	1,689
2. Additional Services	80,130	39,843	119,973
3. Additional Services Exp & Per Diem	71.0372	71.0214	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	146.4802	146.4802	247,405
2. Resident Care Component	219.9378	257.6492	392,631
3. Property Cost Component	29.6122	29.6122	50,015
4. ROE/Use Allow Component	1.2321	1.2321	2,081
5. Total Cost Per Diem	397.2623	434.9737	692,132

Resident Care Component Per-Diem Calculation

Facility Name: Claudia Drive Group Home (Res-Care)

Provider Number: 12392700
FYE: 10/31/2016

R/I & N/M Days	
R/I	N/M
35.7188	35.7188
113.1818	150.9090
71.0372	71.0214
219.9378	257.6492

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
60,329
212,329
119,973
392,631

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Office of Medicaid Cost Reimbursement Planning and Finance

012392700 - 2017/07

RI: 404.81

NM: 444.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Claudia Drive Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	126.940	200.395	327.334	126.940	237.174	364.113
2.Inflate Line 1 by Inflation Factor 1.03906024	131.898	208.222	340.120	131.898	246.438	378.338
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	133.881	211.353	345.234	133.881	250.143	384.025
4.Current Period Cost	146.480	219.938	366.418	146.480	257.649	404.129
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)	133.881	211.353	345.234	133.881	250.143	384.025
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)	133.881	211.353	345.234	133.881	250.143	384.025
12.Plus: Property Rate Component			29.612			29.612
13.Plus: ROE/Use Rate			1.232			1.232
14.Total Current Period Base			376.078			414.869
15.Prospective Rate: Line 11 x Inflation 1.05219668	140.869	222.385	363.254	140.869	263.200	404.069
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	140.869	222.385	363.254	140.869	263.200	404.069
19.Property Rate Component			29.612			29.612
20.ROE Component + ROE Interim Component			1.232			1.232
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			394.10			434.91
23.Medicaid Days			1,128			561
24.Resident Days			1,128			561
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(11.35)			(12.46)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			404.81			444.51



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012410100 - 2017/07
RI:327.28 / NM:0.00

**High Desert Court Group
 Home (Res-Care)**
 11818 High Desset Court
 Jacksonville, FL 32218

Provider Number: 012410100

Date: 7/18/2017

FYE: 10/31/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	424.98	327.28	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:	
Interim	Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Prospective Adjusted for New Cost
_____ Settlement Based on Costs	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

012410100

Rate Period(s) 07/2017 to 7/2017

Provider Name: **High Desert Court Group Home (Res-Care)**
 Provider Number: 12410100
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 11/1/2015 - 10/31/2016
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,166	0	2,166
2. Operating Expenses component			
A. Administration			140,438
B. Plant Operation			31,782
C. Laundry			753
D. Housekeeping			2,738
E. Operating Expense Component & Per Diem	81.1223		175,711
3. Resident Care			
A. Dietary			20,579
B. Other			0
C. Nursing			35,912
D. Resident Care & Per Diem	26.0808		56,491
4. Prop Exp & Per Diem	18.4104		39,877
5. ROE/Use Per Diem	0.9658		2,092
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,624.50	0.00	1,624.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	219,343.00	0.00	219,343.00
5. Direct Care Expense Per Diem	101.2664	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,166	0	2,166
2. Additional Services	126,132	0	126,132
3. Additional Services Exp & Per Diem	58.2327	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	81.1223	0.0000	175,711
2. Resident Care Component	185.5799	0.0000	401,966
3. Property Cost Component	18.4104	0.0000	39,877
4. ROE/Use Allow Component	0.9658	0.0000	2,092
5. Total Cost Per Diem	286.0784	0.0000	619,646

Resident Care Component Per-Diem Calculation

Facility Name: High Desert Court Group Home (Res-Care)

Provider Number: 12410100
FYE: 10/31/2016

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		26.0808	0.0000	A3D Allowable Resident Care Exp		56,491
B5 Allocation of D/C Expenses		101.2664	0.0000	B4 Allocation of D/C Expenses		219,343
C3 Additional Services per Diem		58.2327	0.0000	C2 Additional Services per Diem		126,132
Total Resident Care Component		185.5799	0.0000	Total Resident Care Component		401,966

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

012410100 - 2017/07

RI: 327.28

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

High Desert Court Group Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	11/1/2015	10/31/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2013	10/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	137.177	225.050	362.227	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.03906024	142.535	233.841	376.376	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.05468434	144.678	237.357	382.035	0.000	0.000	0.000
4.Current Period Cost	81.122	185.580	266.702	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	63.556	51.777		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	81.122	185.580	266.702	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	31.778	25.889	57.667	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	8.112	5.567	13.680	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	8.112	5.567	13.680	0.000	0.000	0.000
10.Final Incentive	8.112	5.567	13.680	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	89.235	191.147	280.382	0.000	0.000	0.000
12.Plus: Property Rate Component			18.410			0.000
13.Plus: ROE/Use Rate			0.966			0.000
14.Total Current Period Base			299.758			0.000
15.Prospective Rate: Line 11 x Inflation 1.05219668	93.892	201.125	295.017	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	93.892	201.125	295.017	0.000	0.000	0.000
19.Property Rate Component			18.410			0.000
20.ROE Component + ROE Interim Component			0.966			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			314.39			0.00
23.Medicaid Days			2,166			0
24.Resident Days			2,166			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(9.18)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			327.28			0.00



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015979000 - 2017/07
RI:320.44 / NM:398.06

Log Cabin Enterprises, Inc.
(Sunrise)

22300 SW 162ND Ave
 Miami, FL 33170-3907

Provider Type: ICF/IID

Provider Number: 015979000

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	319.76	320.44	7/1/2017
#8 Non-Ambulatory & #9 Medical	398.45	398.06	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

015979000

Provider Name:	Log Cabin Enterprises, Inc. (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	15979000	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	25,089	18,330	43,419
2. Operating Expenses component			
A. Administration			1,774,608
B. Plant Operation			1,137,812
C. Laundry			22,162
D. Housekeeping			175,495
E. Operating Expense Component & Per Diem	71.6294	71.6294	3,110,077
3. Resident Care			
A. Dietary			1,558,436
B. Other			870,387
C. Nursing			2,491,836
D. Resident Care & Per Diem	113.3296	113.3296	4,920,659
4. Prop Exp & Per Diem	11.1170	11.1170	482,690
5. ROE/Use Per Diem	2.2233	2.2233	96,533
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,544.50	18,330.00	30,874.50
3. Staffing Percent	0.4063	0.5937	1.0000
4. Allocation of Direct Care	1,826,734.66	2,669,221.34	4,495,956.00
5. Direct Care Expense Per Diem	72.8102	145.6204	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	25,089	18,330	43,419
2. Additional Services	362,090	264,541	626,631
3. Additional Services Exp & Per Diem	14.4322	14.4321	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.6294	71.6294	3,110,077
2. Resident Care Component	200.5720	273.3821	10,043,246
3. Property Cost Component	11.1170	11.1170	482,690
4. ROE/Use Allow Component	2.2233	2.2233	96,533
5. Total Cost Per Diem	285.5417	358.3518	13,732,546

Resident Care Component Per-Diem Calculation

Facility Name: Log Cabin Enterprises, Inc. (Sunrise)

Provider Number: 15979000
FYE: 06/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		113.3296	113.3296	A3D Allowable Resident Care Exp		4,920,659
B5 Allocation of D/C Expenses		72.8102	145.6204	B4 Allocation of D/C Expenses		4,495,956
C3 Additional Services per Diem		14.4322	14.4321	C2 Additional Services per Diem		626,631
Total Resident Care Component		200.5720	273.3821	Total Resident Care Component		10,043,246

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

015979000 - 2017/07

RI: 320.44

NM: 398.06

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Log Cabin Enterprises, Inc. (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.212	202.253	271.465	69.212	276.949	346.161
2.Inflate Line 1 by Inflation Factor 1.02603478	71.014	207.519	278.533	71.014	284.160	355.174
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	71.735	209.625	281.360	71.735	287.044	358.778
4.Current Period Cost	71.629	200.572	272.201	71.629	273.382	345.012
5.Incentive Basis (line 3 - line 4)	0.105	9.053		0.105	13.662	
6.Allowed Current Period Costs (Min of line 3 or 4)	71.629	200.572	272.201	71.629	273.382	345.012
7.Incentive Line 5 x Oper 50% Res 50%	0.053	4.527	4.579	0.053	6.831	6.883
8.Incentive - Line 4 x Oper 10% Res 3%	7.163	6.017	13.180	7.163	8.201	15.364
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.053	4.527	4.579	0.053	6.831	6.883
10.Final Incentive	0.053	4.527	4.579	0.053	6.831	6.883
11.Current Period Base: (line 6 + line 10)	71.682	205.099	276.781	71.682	280.213	351.895
12.Plus: Property Rate Component			11.117			11.117
13.Plus: ROE/Use Rate			2.223			2.223
14.Total Current Period Base			290.121			365.235
15.Prospective Rate: Line 11 x Inflation 1.06230530	76.148	217.877	294.025	76.148	297.672	373.820
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	76.148	217.877	294.025	76.148	297.672	373.820
19.Property Rate Component			11.117			11.117
20.ROE Component + ROE Interim Component			2.223			2.223
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			307.37			387.16
23.Medicaid Days			25,089			18,330
24.Resident Days			25,089			18,330
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(8.98)			(11.16)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			320.44			398.06



Florida Agency For Health Care Administration
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028000300 - 2017/07
RI:291.06 / NM:0.00

Sandy Park Development Center

2975 Garden Street North
 Ft. Myers, FL 33917

Provider Type: ICF/IID

Provider Number: 028000300

Date: 7/18/2017

FYE: 12/31/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	293.88	291.06	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028000300

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 1/1/2015 - 12/31/2015
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	23,333	0	23,333
2. Operating Expenses component			
A. Administration			820,850
B. Plant Operation			351,574
C. Laundry			41,504
D. Housekeeping			164,372
E. Operating Expense Component & Per Diem	59.0708		1,378,300
3. Resident Care			
A. Dietary			483,369
B. Other			0
C. Nursing			165,081
D. Resident Care & Per Diem	27.7911		648,450
4. Prop Exp & Per Diem	10.1088		235,869
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,666.50	0.00	11,666.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,344,008.00	0.00	3,344,008.00
5. Direct Care Expense Per Diem	143.3167	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	23,333	0	23,333
2. Additional Services	269,535	0	269,535
3. Additional Services Exp & Per Diem	11.5517	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	59.0708	0.0000	1,378,300
2. Resident Care Component	182.6595	0.0000	4,261,993
3. Property Cost Component	10.1088	0.0000	235,869
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	251.8391	0.0000	5,876,162

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300
FYE: 12/31/2015

No N/M Days	
R/I	N/M
27.7911	0.0000
143.3167	0.0000
11.5517	0.0000
182.6595	0.0000

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
648,450
3,344,008
269,535
4,261,993

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and
 Finance

028000300 - 2017/07
RI: 291.06
NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Sandy Park Development Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	1/1/2015	12/31/2015	Unaudited Costs	201607
Prior Cost Report	1/1/2014	12/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	61.404	184.327	245.731	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02525556	62.955	188.982	251.937	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03535778	63.575	190.844	254.420	0.000	0.000	0.000
4.Current Period Cost	59.071	182.660	241.730	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.504	8.185		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	59.071	182.660	241.730	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.252	4.092	6.345	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.907	5.480	11.387	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.252	4.092	6.345	0.000	0.000	0.000
10.Final Incentive	2.252	4.092	6.345	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	61.323	186.752	248.075	0.000	0.000	0.000
12.Plus: Property Rate Component			10.109			0.000
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			258.184			0.000
15.Prospective Rate: Line 11 x Inflation 1.07651312	66.015	201.041	267.056	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	66.015	201.041	267.056	0.000	0.000	0.000
19.Property Rate Component			10.109			0.000
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			277.16			0.00
23.Medicaid Days			23,333			0
24.Resident Days			23,333			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(8.16)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			291.06			0.00



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

028018601 - 2017/07
RI:361.44 / NM:469.03

St. Petersburg Cluster
(Sunrise)
 1101 102nd Avenue North
 St. Petersburg, FL 33716
 Provider Type: ICF/IID

Provider Number: 028018601
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>357.57</u>	<u>361.44</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>463.40</u>	<u>469.03</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028018601

Rate Period(s) 07/2017 to 7/2017

Provider Name: **St. Petersburg Cluster (Sunrise)**
 Provider Number: 28018601
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	6,628	8,092
2. Operating Expenses component			
A. Administration			466,208
B. Plant Operation			178,819
C. Laundry			10,399
D. Housekeeping			85,935
E. Operating Expense Component & Per Diem	91.6165	91.6165	741,361
3. Resident Care			
A. Dietary			182,654
B. Other			98,845
C. Nursing			634,866
D. Resident Care & Per Diem	113.2433	113.2433	916,365
4. Prop Exp & Per Diem	13.6063	13.6063	110,102
5. ROE/Use Per Diem	2.0360	2.0360	16,475
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	732.00	6,628.00	7,360.00
3. Staffing Percent	0.0995	0.9005	1.0000
4. Allocation of Direct Care	154,145.77	1,395,735.23	1,549,881.00
5. Direct Care Expense Per Diem	105.2908	210.5817	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	6,628	8,092
2. Additional Services	19,317	87,456	106,773
3. Additional Services Exp & Per Diem	13.1947	13.1949	
D. Medicaid Per Diem Cost			
1. Operating Component	91.6165	91.6165	741,361
2. Resident Care Component	231.7288	337.0199	2,573,019
3. Property Cost Component	13.6063	13.6063	110,102
4. ROE/Use Allow Component	2.0360	2.0360	16,475
5. Total Cost Per Diem	338.9876	444.2787	3,440,957

Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		113.2433	113.2433	A3D Allowable Resident Care Exp		916,365	
B5 Allocation of D/C Expenses		105.2908	210.5817	B4 Allocation of D/C Expenses		1,549,881	
C3 Additional Services per Diem		13.1947	13.1949	C2 Additional Services per Diem		106,773	
Total Resident Care Component		231.7288	337.0199	Total Resident Care Component		2,573,019	

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Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028018601 - 2017/07

RI: 361.44

NM: 469.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

St. Petersburg Cluster (Sunrise)

Ownership: Private

Incentive Rating: Ineligible from 08/04/2016 - 09/04/2016 Days Eligible: 333 of 365

Eligibility Factor : 91.23%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	88.359	214.877	303.236	88.359	315.334	403.693
2.Inflate Line 1 by Inflation Factor 1.02603478	90.660	220.471	311.131	90.660	323.543	414.203
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	91.580	222.709	314.289	91.580	326.827	418.407
4.Current Period Cost	91.617	231.729	323.345	91.617	337.020	428.636
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)	91.580	222.709	314.289	91.580	326.827	418.407
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 91.23%	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)	91.580	222.709	314.289	91.580	326.827	418.407
12.Plus: Property Rate Component			13.606			13.606
13.Plus: ROE/Use Rate			2.036			2.036
14.Total Current Period Base			329.931			434.049
15.Prospective Rate: Line 11 x Inflation 1.06230530	97.286	236.585	333.871	97.286	347.190	444.476
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.286	236.585	333.871	97.286	347.190	444.476
19.Property Rate Component			13.606			13.606
20.ROE Component + ROE Interim Component			2.036			2.036
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			349.51			460.12
23.Medicaid Days			1,464			6,628
24.Resident Days			1,464			6,628
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.13)			(13.15)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			361.44			469.03



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

028019401 - 2017/07
RI:492.79 / NM:592.82

Laurel Hill Cluster
 2011 Laurel Hill Cluster
 Orlando, FL 32818

Provider Number: 028019401
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>467.21</u>	<u>492.79</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>577.47</u>	<u>592.82</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 Life Concepts, Inc.
 500 EAST COLONIAL DR.
 Orlando, FL 32803

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

028019401

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	7,097	7,097
2. Operating Expenses component			
A. Administration			634,441
B. Plant Operation			357,430
C. Laundry			87,881
D. Housekeeping			33,251
E. Operating Expense Component & Per Diem	156.8273	156.8273	1,113,003
3. Resident Care			
A. Dietary			143,242
B. Other			442,811
C. Nursing			1,057,412
D. Resident Care & Per Diem	231.5718	231.5718	1,643,465
4. Prop Exp & Per Diem	18.7812	18.7812	133,290
5. ROE/Use Per Diem	1.7593	1.7593	12,486
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,097.00	7,097.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,637,364.00	1,637,364.00
5. Direct Care Expense Per Diem	115.3561	230.7121	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	7,097	7,097
2. Additional Services	0	35,496	35,496
3. Additional Services Exp & Per Diem	5.0015	5.0015	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	156.8273	156.8273	1,113,003
2. Resident Care Component	351.9294	467.2854	3,316,325
3. Property Cost Component	18.7812	18.7812	133,290
4. ROE/Use Allow Component	1.7593	1.7593	12,486
5. Total Cost Per Diem	529.2972	644.6532	4,575,104

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
FYE: 09/30/2016

Extrapolated R/I	
R/I	N/M
231.5718	231.5718
115.3561	230.7121
5.0015	5.0015
351.9294	467.2854

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
1,643,465
1,637,364
35,496
3,316,325

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028019401 - 2017/07

RI: 492.79

NM: 592.82

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Laurel Hill Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	116.109	277.733	393.843	116.109	379.779	495.888
2. Inflate Line 1 by Inflation Factor 1.05973796	123.046	294.324	417.370	123.046	402.466	525.512
3. Line 1 X 1.4000 X Inflation Factor 1.08363314	125.820	300.961	426.781	125.820	411.541	537.361
4. Current Period Cost	156.827	351.929	508.757	156.827	467.285	624.113
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	125.820	300.961	426.781	125.820	411.541	537.361
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	125.820	300.961	426.781	125.820	411.541	537.361
12. Plus: Property Rate Component			18.781			18.781
13. Plus: ROE/Use Rate			1.759			1.759
14. Total Current Period Base			447.321			557.901
15. Prospective Rate: Line 11 x Inflation 1.05485530	132.722	317.470	450.192	132.722	434.116	566.838
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	132.722	317.470	450.192	132.722	434.116	566.838
19. Property Rate Component			18.781			18.781
20. ROE Component + ROE Interim Component			1.759			1.759
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			470.73			587.38
23. Medicaid Days			0			7,097
24. Resident Days			0			7,097
25. Medicaid Utilization			0.00%			100.00%
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			0.00			(16.62)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			492.79			592.82



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

028020801 - 2017/07
RI:335.66 / NM:450.73

McCauley Cluster (Sunrise)
 1385 McCauley Road
 Tallahassee, FL 32308

Provider Number: 028020801
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>332.23</u>	<u>335.66</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>444.45</u>	<u>450.73</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028020801

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **McCauley Cluster (Sunrise)**
 Provider Number: 28020801
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,364	5,951	8,315
2. Operating Expenses component			
A. Administration			373,637
B. Plant Operation			167,487
C. Laundry			2,413
D. Housekeeping			22,814
E. Operating Expense Component & Per Diem	68.1120	68.1120	566,351
3. Resident Care			
A. Dietary			142,240
B. Other			108,027
C. Nursing			511,588
D. Resident Care & Per Diem	91.6242	91.6242	761,855
4. Prop Exp & Per Diem	13.7632	13.7632	114,441
5. ROE/Use Per Diem	1.8441	1.8441	15,334
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,182.00	5,951.00	7,133.00
3. Staffing Percent	0.1657	0.8343	1.0000
4. Allocation of Direct Care	284,408.79	1,431,909.21	1,716,318.00
5. Direct Care Expense Per Diem	120.3083	240.6166	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,364	5,951	8,315
2. Additional Services	16,553	41,669	58,222
3. Additional Services Exp & Per Diem	7.0021	7.0020	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	68.1120	68.1120	566,351
2. Resident Care Component	218.9346	339.2428	2,536,395
3. Property Cost Component	13.7632	13.7632	114,441
4. ROE/Use Allow Component	1.8441	1.8441	15,334
5. Total Cost Per Diem	302.6539	422.9621	3,232,521

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		91.6242	91.6242	A3D Allowable Resident Care Exp		761,855	
B5 Allocation of D/C Expenses		120.3083	240.6166	B4 Allocation of D/C Expenses		1,716,318	
C3 Additional Services per Diem		7.0021	7.0020	C2 Additional Services per Diem		58,222	
Total Resident Care Component		218.9346	339.2428	Total Resident Care Component		2,536,395	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028020801 - 2017/07

RI: 335.66

NM: 450.73

McCauley Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	68.364	213.085	281.449	68.364	319.602	387.966
2.Inflate Line 1 by Inflation Factor 1.02603478	70.144	218.632	288.776	70.144	327.923	398.067
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	70.856	220.851	291.707	70.856	331.251	402.107
4.Current Period Cost	68.112	218.935	287.047	68.112	339.243	407.355
5.Incentive Basis (line 3 - line 4)	2.744	1.917		2.744	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.112	218.935	287.047	68.112	331.251	399.363
7.Incentive Line 5 x Oper 50% Res 50%	1.372	0.958	2.330	1.372	0.000	1.372
8.Incentive - Line 4 x Oper 10% Res 3%	6.811	6.568	13.379	6.811	0.000	6.811
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.372	0.958	2.330	1.372	0.000	1.372
10.Final Incentive	1.372	0.958	2.330	1.372	0.000	1.372
11.Current Period Base: (line 6 + line 10)	69.484	219.893	289.377	69.484	331.251	400.735
12.Plus: Property Rate Component			13.763			13.763
13.Plus: ROE/Use Rate			1.844			1.844
14.Total Current Period Base			304.984			416.343
15.Prospective Rate: Line 11 x Inflation 1.06230530	73.813	233.593	307.407	73.813	351.890	425.703
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	73.813	233.593	307.407	73.813	351.890	425.703
19.Property Rate Component			13.763			13.763
20.ROE Component + ROE Interim Component			1.844			1.844
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			323.01			441.31
23.Medicaid Days			2,364			5,951
24.Resident Days			2,364			5,951
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.41)			(12.64)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			335.66			450.73



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

028028301 - 2017/07
RI:332.18 / NM:422.50

**Greentree Court Cluster
 (Sunrise)**

2160 GreenTree Court
 Bartow, FL 33830

Provider Type: ICF/IID

Provider Number: 028028301

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>327.83</u>	<u>332.18</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>416.68</u>	<u>422.50</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 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) 07/2017 to 7/2017

028028301

Provider Name: **Greentree Court Cluster (Sunrise)**
 Provider Number: 28028301
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Pridgeon, Chantelle
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,459	6,677	8,136
2. Operating Expenses component			405,153
A. Administration			149,671
B. Plant Operation			2,017
C. Laundry			54,111
D. Housekeeping			610,952
E. Operating Expense Component & Per Diem	75.0924	75.0924	
3. Resident Care			129,339
A. Dietary			154,128
B. Other			646,372
C. Nursing			929,839
D. Resident Care & Per Diem	114.2870	114.2870	
4. Prop Exp & Per Diem	13.3247	13.3247	108,410
5. ROE/Use Per Diem	0.9951	0.9951	8,096
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	729.50	6,677.00	7,406.50
3. Staffing Percent	0.0985	0.9015	1.0000
4. Allocation of Direct Care	130,165.40	1,191,383.60	1,321,549.00
5. Direct Care Expense Per Diem	89.2155	178.4310	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,459	6,677	8,136
2. Additional Services	19,499	89,237	108,736
3. Additional Services Exp & Per Diem	13.3646	13.3648	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.0924	75.0924	610,952
2. Resident Care Component	216.8671	306.0828	2,360,124
3. Property Cost Component	13.3247	13.3247	108,410
4. ROE/Use Allow Component	0.9951	0.9951	8,096
5. Total Cost Per Diem	306.2793	395.4950	3,087,582

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301
FYE: 06/30/2016

R/I & N/M Days	
R/I	N/M
114.2870	114.2870
89.2155	178.4310
13.3646	13.3648
216.8671	306.0828

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
929,839
1,321,549
108,736
2,360,124

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Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028028301 - 2017/07
RI: 332.18
NM: 422.50

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Greentree Court Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	70.368	206.751	277.119	70.368	291.081	361.449
2.Inflate Line 1 by Inflation Factor 1.02603478	72.200	212.134	284.333	72.200	298.659	370.859
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	72.933	214.287	287.219	72.933	301.691	374.623
4.Current Period Cost	75.092	216.867	291.960	75.092	306.083	381.175
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)	72.933	214.287	287.219	72.933	301.691	374.623
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	72.933	214.287	287.219	72.933	301.691	374.623
12.Plus: Property Rate Component			13.325			13.325
13.Plus: ROE/Use Rate			0.995			0.995
14.Total Current Period Base			301.539			388.943
15.Prospective Rate: Line 11 x Inflation 1.06230530	77.477	227.638	305.114	77.477	320.488	397.964
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	77.477	227.638	305.114	77.477	320.488	397.964
19.Property Rate Component			13.325			13.325
20.ROE Component + ROE Interim Component			0.995			0.995
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			319.43			412.28
23.Medicaid Days			1,459			6,677
24.Resident Days			1,459			6,677
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.31)			(11.85)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			332.18			422.50



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

028029101 - 2017/07
RI:350.67 / NM:480.29

Mahan Cluster (Sunrise)
 2034 Mahan Drive
 Tallahassee, FL 32308

Provider Number: 028029101

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>346.06</u>	<u>350.67</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>474.36</u>	<u>480.29</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

028029101

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Mahan Cluster (Sunrise)**
 Provider Number: 28029101
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,020	5,027	8,047
2. Operating Expenses component			
A. Administration			363,572
B. Plant Operation			160,862
C. Laundry			4,498
D. Housekeeping			36,821
E. Operating Expense Component & Per Diem	70.3061	70.3061	565,753
3. Resident Care			
A. Dietary			151,815
B. Other			123,080
C. Nursing			490,474
D. Resident Care & Per Diem	95.1123	95.1123	765,369
4. Prop Exp & Per Diem	15.3386	15.3386	123,430
5. ROE/Use Per Diem	1.8730	1.8730	15,072
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,510.00	5,027.00	6,537.00
3. Staffing Percent	0.2310	0.7690	1.0000
4. Allocation of Direct Care	376,439.28	1,253,218.72	1,629,658.00
5. Direct Care Expense Per Diem	124.6488	249.2975	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,020	5,027	8,047
2. Additional Services	25,760	42,878	68,638
3. Additional Services Exp & Per Diem	8.5298	8.5295	
D. Medicaid Per Diem Cost			
1. Operating Component	70.3061	70.3061	565,753
2. Resident Care Component	228.2909	352.9393	2,463,665
3. Property Cost Component	15.3386	15.3386	123,430
4. ROE/Use Allow Component	1.8730	1.8730	15,072
5. Total Cost Per Diem	315.8086	440.4570	3,167,920

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101
FYE: 06/30/2016

R/I & N/M Days	
R/I	N/M
95.1123	95.1123
124.6488	249.2975
8.5298	8.5295
228.2909	352.9393

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
765,369
1,629,658
68,638
2,463,665

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028029101 - 2017/07

RI: 350.67

NM: 480.29

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Mahan Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	69.850	225.567	295.417	69.850	347.356	417.206
2.Inflate Line 1 by Inflation Factor 1.02603478	71.668	231.440	303.108	71.668	356.399	428.067
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	72.395	233.789	306.184	72.395	360.017	432.412
4.Current Period Cost	70.306	228.291	298.597	70.306	352.939	423.245
5.Incentive Basis (line 3 - line 4)	2.089	5.498		2.089	7.077	
6.Allowed Current Period Costs (Min of line 3 or 4)	70.306	228.291	298.597	70.306	352.939	423.245
7.Incentive Line 5 x Oper 50% Res 50%	1.045	2.749	3.794	1.045	3.539	4.583
8.Incentive - Line 4 x Oper 10% Res 3%	7.031	6.849	13.879	7.031	10.588	17.619
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.045	2.749	3.794	1.045	3.539	4.583
10.Final Incentive	1.045	2.749	3.794	1.045	3.539	4.583
11.Current Period Base: (line 6 + line 10)	71.351	231.040	302.391	71.351	356.478	427.829
12.Plus: Property Rate Component			15.339			15.339
13.Plus: ROE/Use Rate			1.873			1.873
14.Total Current Period Base			319.602			445.040
15.Prospective Rate: Line 11 x Inflation 1.06230530	75.796	245.435	321.231	75.796	378.688	454.485
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	75.796	245.435	321.231	75.796	378.688	454.485
19.Property Rate Component			15.339			15.339
20.ROE Component + ROE Interim Component			1.873			1.873
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			338.44			471.70
23.Medicaid Days			3,020			5,027
24.Resident Days			3,020			5,027
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.83)			(13.47)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			350.67			480.29



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2017 to 7/2017

028030501

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,334	8,334
2. Operating Expenses component			348,268
A. Administration			140,590
B. Plant Operation			54,414
C. Laundry			5,045
D. Housekeeping			548,317
E. Operating Expense Component & Per Diem	65.7928	65.7928	
3. Resident Care			150,529
A. Dietary			0
B. Other			312,240
C. Nursing			462,769
D. Resident Care & Per Diem	55.5278	55.5278	
4. Prop Exp & Per Diem	8.8939	8.8939	74,122
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,334.00	8,334.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	729,785.00	729,785.00
5. Direct Care Expense Per Diem	43.7836	87.5672	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,334	8,334
2. Additional Services	0	252,261	252,261
3. Additional Services Exp & Per Diem	30.2689	30.2689	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	65.7928	65.7928	548,317
2. Resident Care Component	129.5803	173.3639	1,444,815
3. Property Cost Component	8.8939	8.8939	74,122
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	204.2670	248.0506	2,067,254

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501
FYE: 06/30/2016

Extrapolated R/I	
R/I	N/M
55.5278	55.5278
43.7836	87.5672
30.2689	30.2689
129.5803	173.3639

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
462,769
729,785
252,261
1,444,815

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028030501 - 2017/07

RI: 243.36

NM: 283.77

Lake City Cluster

Ownership: Private

Incentive Rating: Ineligible from 10/20/2016 - 12/06/2016 Days Eligible: 317 of 365

Eligibility Factor : 86.85%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	69.355	129.318	198.673	69.355	175.444	244.799
2. Inflate Line 1 by Inflation Factor 1.02603478	71.161	132.685	203.845	71.161	180.011	251.172
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	71.883	134.031	205.914	71.883	181.838	253.722
4. Current Period Cost	65.793	129.580	195.373	65.793	173.364	239.157
5. Incentive Basis (line 3 - line 4)	6.090	4.451		6.090	8.475	
6. Allowed Current Period Costs (Min of line 3 or 4)	65.793	129.580	195.373	65.793	173.364	239.157
7. Incentive Line 5 x Oper 50% Res 50%	3.045	2.225	5.271	3.045	4.237	7.282
8. Incentive - Line 4 x Oper 10% Res 3%	6.579	3.887	10.467	6.579	5.201	11.780
9. Incentive - Min of Line 7,8 x Eligibility factor 86.85%	2.645	1.933	4.578	2.645	3.680	6.325
10. Final Incentive	2.645	1.933	4.578	2.645	3.680	6.325
11. Current Period Base: (line 6 + line 10)	68.437	131.513	199.951	68.437	177.044	245.481
12. Plus: Property Rate Component			8.894			8.894
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			208.845			254.375
15. Prospective Rate: Line 11 x Inflation 1.06230530	72.702	139.707	212.409	72.702	188.075	260.776
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.702	139.707	212.409	72.702	188.075	260.776
19. Property Rate Component			8.894			8.894
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			221.30			269.67
23. Medicaid Days			0			8,334
24. Resident Days			0			8,334
25. Medicaid Utilization			0.00%			100.00%
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			0.00			(7.96)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			243.36			283.77



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

028031301 - 2017/07
RI:331.74 / NM:407.93

Bayshore Cluster (Sunrise)
 2059 Lisenby Avenue
 Panama City, FL 32405

Provider Number: 028031301
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>325.99</u>	<u>331.74</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>408.45</u>	<u>407.93</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 Sunrise Community, Inc.
 9040 Sunset Drive Suite 70-A
 Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ 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) 07/2017 to 7/2017

028031301

Provider Name: **Bayshore Cluster (Sunrise)**
 Provider Number: 28031301
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,307	8,307
2. Operating Expenses component			376,426
A. Administration			135,490
B. Plant Operation			1,265
C. Laundry			34,629
D. Housekeeping			547,810
E. Operating Expense Component & Per Diem	65.9456	65.9456	
3. Resident Care			130,259
A. Dietary			159,478
B. Other			533,372
C. Nursing			823,109
D. Resident Care & Per Diem	99.0862	99.0862	
4. Prop Exp & Per Diem	14.0607	14.0607	116,802
5. ROE/Use Per Diem	1.6579	1.6579	13,772
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,307.00	8,307.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,382,177.00	1,382,177.00
5. Direct Care Expense Per Diem	83.1935	166.3870	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,307	8,307
2. Additional Services	0	172,337	172,337
3. Additional Services Exp & Per Diem	20.7460	20.7460	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	65.9456	65.9456	547,810
2. Resident Care Component	203.0257	286.2192	2,377,623
3. Property Cost Component	14.0607	14.0607	116,802
4. ROE/Use Allow Component	1.6579	1.6579	13,772
5. Total Cost Per Diem	284.6899	367.8834	3,056,007

Resident Care Component Per-Diem Calculation

Facility Name: Bayshore Cluster (Sunrise)

Provider Number: 28031301
FYE: 06/30/2016

Extrapolated R/I	
R/I	N/M
99.0862	99.0862
83.1935	166.3870
20.7460	20.7460
203.0257	286.2192

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
823,109
1,382,177
172,337
2,377,623

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Florida Agency for Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028031301 - 2017/07

RI: 331.74

NM: 407.93

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Bayshore Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.822	208.274	275.096	66.822	286.542	353.364
2.Inflate Line 1 by Inflation Factor 1.02603478	68.561	213.696	282.258	68.561	294.002	362.563
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	69.257	215.865	285.122	69.257	296.986	366.243
4.Current Period Cost	65.946	203.026	268.971	65.946	286.219	352.165
5.Incentive Basis (line 3 - line 4)	3.311	12.840		3.311	10.767	
6.Allowed Current Period Costs (Min of line 3 or 4)	65.946	203.026	268.971	65.946	286.219	352.165
7.Incentive Line 5 x Oper 50% Res 50%	1.656	6.420	8.076	1.656	5.383	7.039
8.Incentive - Line 4 x Oper 10% Res 3%	6.595	6.091	12.685	6.595	8.587	15.181
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.656	6.091	7.746	1.656	5.383	7.039
10.Final Incentive	1.656	6.091	7.746	1.656	5.383	7.039
11.Current Period Base: (line 6 + line 10)	67.601	209.116	276.718	67.601	291.603	359.204
12.Plus: Property Rate Component			14.061			14.061
13.Plus: ROE/Use Rate			1.658			1.658
14.Total Current Period Base			292.436			374.923
15.Prospective Rate: Line 11 x Inflation 1.06230530	71.813	222.146	293.959	71.813	309.771	381.584
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.813	222.146	293.959	71.813	309.771	381.584
19.Property Rate Component			14.061			14.061
20.ROE Component + ROE Interim Component			1.658			1.658
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			309.68			397.30
23.Medicaid Days			0			8,307
24.Resident Days			0			8,307
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(11.44)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			331.74			407.93



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

028032101 - 2017/07
RI:262.84 / NM:308.09

**Gainesville 39th Avenue
 Cluster (Res-Care)**
 5914 N.W. 39th Avenue
 Gainesville, FL 32606
 Provider Type: ICF/IID

Provider Number: 028032101
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>254.88</u>	<u>262.84</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>308.20</u>	<u>308.09</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 Res-Care, Inc.
 10140 Linn Station Road
 Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

028032101

Provider Name: **Gainesville 39th Avenue Cluster (Res-Care)**
 Provider Number: 28032101
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	7,756	7,756
2. Operating Expenses component			391,679
A. Administration			132,799
B. Plant Operation			771
C. Laundry			10,298
D. Housekeeping			535,547
E. Operating Expense Component & Per Diem	69.0494	69.0494	
3. Resident Care			143,877
A. Dietary			0
B. Other			424,456
C. Nursing			568,333
D. Resident Care & Per Diem	73.2766	73.2766	
4. Prop Exp & Per Diem	10.8591	10.8591	84,223
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,756.00	7,756.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	764,287.00	764,287.00
5. Direct Care Expense Per Diem	49.2707	98.5414	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	7,756	7,756
2. Additional Services	0	174,801	174,801
3. Additional Services Exp & Per Diem	22.5375	22.5375	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	69.0494	69.0494	535,547
2. Resident Care Component	145.0848	194.3555	1,507,421
3. Property Cost Component	10.8591	10.8591	84,223
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	224.9933	274.2640	2,127,191

Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101
FYE: 06/30/2016

		Extrapolated R/I					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		73.2766	73.2766	A3D Allowable Resident Care Exp		568,333	
B5 Allocation of D/C Expenses		49.2707	98.5414	B4 Allocation of D/C Expenses		764,287	
C3 Additional Services per Diem		22.5375	22.5375	C2 Additional Services per Diem		174,801	
Total Resident Care Component		145.0848	194.3555	Total Resident Care Component		1,507,421	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028032101 - 2017/07

RI: 262.84

NM: 308.09

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Gainesville 39th Avenue Cluster (Res-Care)

Ownership: Private

Incentive Rating: Ineligible from 08/18/2016 - 09/17/2016 Days Eligible: 334 of 365

Eligibility Factor : 91.51%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	66.213	145.721	211.934	66.213	196.330	262.543
2.Inflate Line 1 by Inflation Factor 1.02603478	67.937	149.515	217.452	67.937	201.441	269.378
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	68.626	151.032	219.659	68.626	203.486	272.112
4.Current Period Cost	69.049	145.085	214.134	69.049	194.356	263.405
5.Incentive Basis (line 3 - line 4)	0.000	5.948		0.000	9.130	
6.Allowed Current Period Costs (Min of line 3 or 4)	68.626	145.085	213.711	68.626	194.356	262.982
7.Incentive Line 5 x Oper 50% Res 50%	0.000	2.974	2.974	0.000	4.565	4.565
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.353	4.353	0.000	5.831	5.831
9.Incentive - Min of Line 7,8 x Eligibility factor 91.51%	0.000	2.721	2.721	0.000	4.177	4.177
10.Final Incentive	0.000	2.721	2.721	0.000	4.177	4.177
11.Current Period Base: (line 6 + line 10)	68.626	147.806	216.432	68.626	198.533	267.159
12.Plus: Property Rate Component			10.859			10.859
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			227.291			278.018
15.Prospective Rate: Line 11 x Inflation 1.06230530	72.902	157.015	229.917	72.902	210.903	283.805
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	72.902	157.015	229.917	72.902	210.903	283.805
19.Property Rate Component			10.859			10.859
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			240.78			294.66
23.Medicaid Days			0			7,756
24.Resident Days			0			7,756
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(8.64)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			262.84			308.09



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

028035600 - 2017/07
RI:328.02 / NM:508.51

PARC Center Apartments
 3190 75th Street North
 St. Petersburg, FL 33170

Provider Number: 028035600
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>323.60</u>	<u>328.02</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>501.09</u>	<u>508.51</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028035600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **PARC Center Apartments**
 Provider Number: 28035600
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,174	4,159	17,333
2. Operating Expenses component			1,063,208
A. Administration			178,409
B. Plant Operation			16,612
C. Laundry			40,057
D. Housekeeping			1,298,286
E. Operating Expense Component & Per Diem	74.9026	74.9026	
3. Resident Care			266,681
A. Dietary			0
B. Other			564,066
C. Nursing			830,747
D. Resident Care & Per Diem	47.9286	47.9286	
4. Prop Exp & Per Diem	11.3654	11.3654	196,997
5. ROE/Use Per Diem	0.9829	0.9829	17,036
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,587.00	4,159.00	10,746.00
3. Staffing Percent	0.6130	0.3870	1.0000
4. Allocation of Direct Care	2,284,645.73	1,442,514.27	3,727,160.00
5. Direct Care Expense Per Diem	173.4208	346.8416	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,174	4,159	17,333
2. Additional Services	179,632	56,710	236,342
3. Additional Services Exp & Per Diem	13.6353	13.6355	
D. Medicaid Per Diem Cost			
1. Operating Component	74.9026	74.9026	1,298,286
2. Resident Care Component	234.9847	408.4057	4,794,249
3. Property Cost Component	11.3654	11.3654	196,997
4. ROE/Use Allow Component	0.9829	0.9829	17,036
5. Total Cost Per Diem	322.2356	495.6566	6,306,568

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600
FYE: 09/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	47.9286	47.9286	A3D Allowable Resident Care Exp		830,747	
B5 Allocation of D/C Expenses	173.4208	346.8416	B4 Allocation of D/C Expenses		3,727,160	
C3 Additional Services per Diem	13.6353	13.6355	C2 Additional Services per Diem		236,342	
Total Resident Care Component	234.9847	408.4057	Total Resident Care Component		4,794,249	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028035600 - 2017/07

RI: 328.02

NM: 508.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

PARC Center Apartments

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	59.933	216.730	276.663	59.933	386.256	446.189
2.Inflate Line 1 by Inflation Factor 1.02685667	61.543	222.551	284.093	61.543	396.629	458.172
3.Line 1 X 1.4000 X Inflation Factor 1.03759934	62.186	224.879	287.065	62.186	400.779	462.965
4.Current Period Cost	74.903	234.985	309.887	74.903	408.406	483.308
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)	62.186	224.879	287.065	62.186	400.779	462.965
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	62.186	224.879	287.065	62.186	400.779	462.965
12.Plus: Property Rate Component			11.365			11.365
13.Plus: ROE/Use Rate			0.983			0.983
14.Total Current Period Base			299.414			475.313
15.Prospective Rate: Line 11 x Inflation 1.05485530	65.598	237.215	302.813	65.598	422.763	488.361
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	65.598	237.215	302.813	65.598	422.763	488.361
19.Property Rate Component			11.365			11.365
20.ROE Component + ROE Interim Component			0.983			0.983
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			315.16			500.71
23.Medicaid Days			13,174			4,159
24.Resident Days			13,174			4,159
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.20)			(14.26)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			328.02			508.51



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

028036401 - 2017/07
RI:527.02 / NM:632.45

Skipper Road Cluster
 2611 E. Bearss Avenue
 Tampa, FL 33613

Provider Number: 028036401

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>499.94</u>	<u>527.02</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>616.35</u>	<u>632.45</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Quest, Inc.

P.O. Box 531125

Orlando, FL 32853

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

028036401

Provider Name: **Skipper Road Cluster**
 Provider Number: 28036401
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,145	8,145
2. Operating Expenses component			
A. Administration			739,102
B. Plant Operation			207,345
C. Laundry			59,823
D. Housekeeping			43,671
E. Operating Expense Component & Per Diem	128.9062	128.9062	1,049,941
3. Resident Care			
A. Dietary			181,711
B. Other			296,371
C. Nursing			1,476,349
D. Resident Care & Per Diem	239.9547	239.9547	1,954,431
4. Prop Exp & Per Diem	18.3460	18.3460	149,428
5. ROE/Use Per Diem	2.4902	2.4902	20,283
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,145.00	8,145.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,706,166.00	1,706,166.00
5. Direct Care Expense Per Diem	104.7370	209.4740	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,145	8,145
2. Additional Services	0	74,436	74,436
3. Additional Services Exp & Per Diem	9.1389	9.1389	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	128.9062	128.9062	1,049,941
2. Resident Care Component	353.8306	458.5676	3,735,033
3. Property Cost Component	18.3460	18.3460	149,428
4. ROE/Use Allow Component	2.4902	2.4902	20,283
5. Total Cost Per Diem	503.5730	608.3100	4,954,685

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401
FYE: 09/30/2016

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	239.9547	239.9547	239.9547	A3D Allowable Resident Care Exp		1,954,431
B5 Allocation of D/C Expenses	104.7370	209.4740	209.4740	B4 Allocation of D/C Expenses		1,706,166
C3 Additional Services per Diem	9.1389	9.1389	9.1389	C2 Additional Services per Diem		74,436
Total Resident Care Component	353.8306	458.5676	458.5676	Total Resident Care Component		3,735,033

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and
 Finance

028036401 - 2017/07
RI: 527.02
NM: 632.45

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Skipper Road Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	116.438	307.091	423.529	116.438	414.831	531.270
2.Inflate Line 1 by Inflation Factor 1.05973796	123.394	325.436	448.830	123.394	439.613	563.006
3.Line 1 X 1.4000 X Inflation Factor 1.08363314	126.176	332.774	458.950	126.176	449.525	575.701
4.Current Period Cost	128.906	353.831	482.737	128.906	458.568	587.474
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	126.176	332.774	458.950	126.176	449.525	575.701
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	126.176	332.774	458.950	126.176	449.525	575.701
12.Plus: Property Rate Component			18.346			18.346
13.Plus: ROE/Use Rate			2.490			2.490
14.Total Current Period Base			479.786			596.537
15.Prospective Rate: Line 11 x Inflation 1.05485530	133.098	351.028	484.126	133.098	474.184	607.282
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	133.098	351.028	484.126	133.098	474.184	607.282
19.Property Rate Component			18.346			18.346
20.ROE Component + ROE Interim Component			2.490			2.490
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			504.96			628.12
23.Medicaid Days			0			8,145
24.Resident Days			0			8,145
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(17.73)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			527.02			632.45



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet
 Rate Period(s) 07/2017 to 7/2017

028037201

Provider Name: **Pembroke Pines Cluster**
 Provider Number: 28037201
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	7,986	7,986
2. Operating Expenses component			485,278
A. Administration			265,679
B. Plant Operation			0
C. Laundry			42,639
D. Housekeeping			793,596
E. Operating Expense Component & Per Diem	99.3734	99.3734	
3. Resident Care			164,284
A. Dietary			0
B. Other			498,323
C. Nursing			662,607
D. Resident Care & Per Diem	82.9711	82.9711	
4. Prop Exp & Per Diem	8.6086	8.6086	68,748
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,986.00	7,986.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,512,822.00	1,512,822.00
5. Direct Care Expense Per Diem	94.7172	189.4343	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	7,986	7,986
2. Additional Services	0	180,535	180,535
3. Additional Services Exp & Per Diem	22.6064	22.6064	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	99.3734	99.3734	793,596
2. Resident Care Component	200.2947	295.0118	2,355,964
3. Property Cost Component	8.6086	8.6086	68,748
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	308.2767	402.9938	3,218,308

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2016

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	82.9711	82.9711	A3D Allowable Resident Care Exp		662,607	
B5 Allocation of D/C Expenses	94.7172	189.4343	B4 Allocation of D/C Expenses		1,512,822	
C3 Additional Services per Diem	22.6064	22.6064	C2 Additional Services per Diem		180,535	
Total Resident Care Component	200.2947	295.0118	Total Resident Care Component		2,355,964	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028037201 - 2017/07

RI: 318.59

NM: 389.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Pembroke Pines Cluster

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	74.810	186.695	261.505	74.810	261.038	335.849
2.Inflate Line 1 by Inflation Factor 1.02603478	76.758	191.556	268.313	76.758	267.834	344.592
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	77.537	193.500	271.037	77.537	270.553	348.090
4.Current Period Cost	99.373	200.295	299.668	99.373	295.012	394.385
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)	77.537	193.500	271.037	77.537	270.553	348.090
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	77.537	193.500	271.037	77.537	270.553	348.090
12.Plus: Property Rate Component			8.609			8.609
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			279.645			356.698
15.Prospective Rate: Line 11 x Inflation 1.06230530	82.368	205.556	287.924	82.368	287.410	369.777
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	82.368	205.556	287.924	82.368	287.410	369.777
19.Property Rate Component			8.609			8.609
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			296.53			378.39
23.Medicaid Days			0			7,986
24.Resident Days			0			7,986
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(10.92)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			318.59			389.53



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

028038101 - 2017/07
RI:251.93 / NM:294.75

Ocala Cluster (Res-Care)
 3205 S. E. 17th Street
 Ocala, FL 32671

Provider Number: 028038101
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>244.76</u>	<u>251.93</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>295.40</u>	<u>294.75</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

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

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028038101

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Ocala Cluster (Res-Care)**
 Provider Number: 28038101
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,647	8,647
2. Operating Expenses component			402,636
A. Administration			185,731
B. Plant Operation			53,005
C. Laundry			14,399
D. Housekeeping			655,771
E. Operating Expense Component & Per Diem	75.8380	75.8380	
3. Resident Care			157,997
A. Dietary			0
B. Other			309,303
C. Nursing			467,300
D. Resident Care & Per Diem	54.0419	54.0419	
4. Prop Exp & Per Diem	12.7022	12.7022	109,836
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,647.00	8,647.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	801,645.00	801,645.00
5. Direct Care Expense Per Diem	46.3540	92.7079	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,647	8,647
2. Additional Services	0	215,927	215,927
3. Additional Services Exp & Per Diem	24.9713	24.9713	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	75.8380	75.8380	655,771
2. Resident Care Component	125.3672	171.7211	1,484,872
3. Property Cost Component	12.7022	12.7022	109,836
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	213.9074	260.2613	2,250,479

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101
FYE: 06/30/2016

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	54.0419	54.0419	A3D Allowable Resident Care Exp		467,300	
B5 Allocation of D/C Expenses	46.3540	92.7079	B4 Allocation of D/C Expenses		801,645	
C3 Additional Services per Diem	24.9713	24.9713	C2 Additional Services per Diem		215,927	
Total Resident Care Component	125.3672	171.7211	Total Resident Care Component		1,484,872	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028038101 - 2017/07

RI: 251.93

NM: 294.75

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Ocala Cluster (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	74.743	125.616	200.359	74.743	173.687	248.430
2.Inflate Line 1 by Inflation Factor 1.02603478	76.689	128.887	205.576	76.689	178.209	254.898
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	77.467	130.195	207.662	77.467	180.018	257.485
4.Current Period Cost	75.838	125.367	201.205	75.838	171.721	247.559
5.Incentive Basis (line 3 - line 4)	1.629	4.828		1.629	8.297	
6.Allowed Current Period Costs (Min of line 3 or 4)	75.838	125.367	201.205	75.838	171.721	247.559
7.Incentive Line 5 x Oper 50% Res 50%	0.815	2.414	3.228	0.815	4.148	4.963
8.Incentive - Line 4 x Oper 10% Res 3%	7.584	3.761	11.345	7.584	5.152	12.735
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.815	2.414	3.228	0.815	4.148	4.963
10.Final Incentive	0.815	2.414	3.228	0.815	4.148	4.963
11.Current Period Base: (line 6 + line 10)	76.653	127.781	204.434	76.653	175.869	252.522
12.Plus: Property Rate Component			12.702			12.702
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			217.136			265.224
15.Prospective Rate: Line 11 x Inflation 1.06230530	81.429	135.742	217.171	81.429	186.827	268.256
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	81.429	135.742	217.171	81.429	186.827	268.256
19.Property Rate Component			12.702			12.702
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			229.87			280.96
23.Medicaid Days			0			8,647
24.Resident Days			0			8,647
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(8.26)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			251.93			294.75



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028040201 - 2017/07
RI:491.55 / NM:625.87

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Williams Road Cluster
1923 Sarah Louise Drive
Brandon, FL 33510

Provider Number: 028040201

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	478.06	491.55	7/1/2017
#8 Non-Ambulatory & #9 Medical	608.59	625.87	7/1/2017

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Quest, Inc.

P.O. Box 531125

Orlando, FL 32853

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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) 07/2017 to 7/2017

028040201

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	379	7,439	7,818
2. Operating Expenses component			660,465
A. Administration			176,141
B. Plant Operation			58,218
C. Laundry			41,800
D. Housekeeping			936,624
E. Operating Expense Component & Per Diem	119.8035	119.8035	
3. Resident Care			152,299
A. Dietary			287,291
B. Other			1,235,443
C. Nursing			1,675,033
D. Resident Care & Per Diem	214.2534	214.2534	
4. Prop Exp & Per Diem	24.6963	24.6963	193,076
5. ROE/Use Per Diem	2.1097	2.1097	16,494
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	189.50	7,439.00	7,628.50
3. Staffing Percent	0.0248	0.9752	1.0000
4. Allocation of Direct Care	40,409.10	1,586,296.90	1,626,706.00
5. Direct Care Expense Per Diem	106.6203	213.2406	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	379	7,439	7,818
2. Additional Services	6,704	131,605	138,309
3. Additional Services Exp & Per Diem	17.6887	17.6912	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	119.8035	119.8035	936,624
2. Resident Care Component	338.5624	445.1852	3,440,048
3. Property Cost Component	24.6963	24.6963	193,076
4. ROE/Use Allow Component	2.1097	2.1097	16,494
5. Total Cost Per Diem	485.1719	591.7947	4,586,242

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201
FYE: 09/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	214.2534	214.2534	214.2534	A3D Allowable Resident Care Exp		1,675,033
B5 Allocation of D/C Expenses	106.6203		213.2406	B4 Allocation of D/C Expenses		1,626,706
C3 Additional Services per Diem	17.6887		17.6912	C2 Additional Services per Diem		138,309
Total Resident Care Component	338.5624		445.1852	Total Resident Care Component		3,440,048

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028040201 - 2017/07
RI: 491.55
NM: 625.87

Williams Road Cluster

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	112.708	287.695	400.404	112.708	408.499	521.207
2.Inflate Line 1 by Inflation Factor 1.05973796	119.441	304.882	424.323	119.441	432.901	552.343
3.Line 1 X 1.4000 X Inflation Factor 1.08363314	122.134	311.756	433.891	122.134	442.663	564.797
4.Current Period Cost	119.804	338.562	458.366	119.804	445.185	564.989
5.Incentive Basis (line 3 - line 4)	2.331	0.000		2.331	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	119.804	311.756	431.560	119.804	442.663	562.466
7.Incentive Line 5 x Oper 50% Res 50%	1.165	0.000	1.165	1.165	0.000	1.165
8.Incentive - Line 4 x Oper 10% Res 3%	11.980	0.000	11.980	11.980	0.000	11.980
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.165	0.000	1.165	1.165	0.000	1.165
10.Final Incentive	1.165	0.000	1.165	1.165	0.000	1.165
11.Current Period Base: (line 6 + line 10)	120.969	311.756	432.725	120.969	442.663	563.632
12.Plus: Property Rate Component			24.696			24.696
13.Plus: ROE/Use Rate			2.110			2.110
14.Total Current Period Base			459.531			590.438
15.Prospective Rate: Line 11 x Inflation 1.05485530	127.605	328.858	456.462	127.605	466.945	594.550
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	127.605	328.858	456.462	127.605	466.945	594.550
19.Property Rate Component			24.696			24.696
20.ROE Component + ROE Interim Component			2.110			2.110
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			483.27			621.36
23.Medicaid Days		379			7,439	
24.Resident Days		379			7,439	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(13.78)			(17.55)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			491.55			625.87



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028041101

Rate Period(s) 07/2017 to 7/2017

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,755	8,755
2. Operating Expenses component			
A. Administration			420,583
B. Plant Operation			296,343
C. Laundry			36,707
D. Housekeeping			43,787
E. Operating Expense Component & Per Diem	91.0817	91.0817	797,420
3. Resident Care			
A. Dietary			164,925
B. Other			0
C. Nursing			831,240
D. Resident Care & Per Diem	113.7824	113.7824	996,165
4. Prop Exp & Per Diem	43.5215	43.5215	381,031
5. ROE/Use Per Diem	3.0754	3.0754	26,925
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,755.00	8,755.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,651,424.00	1,651,424.00
5. Direct Care Expense Per Diem	94.3132	188.6264	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,755	8,755
2. Additional Services	0	97,924	97,924
3. Additional Services Exp & Per Diem	11.1849	11.1849	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	91.0817	91.0817	797,420
2. Resident Care Component	219.2805	313.5937	2,745,513
3. Property Cost Component	43.5215	43.5215	381,031
4. ROE/Use Allow Component	3.0754	3.0754	26,925
5. Total Cost Per Diem	356.9591	451.2723	3,950,889

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
FYE: 06/30/2016

Extrapolated R/I	
R/I	N/M
113.7824	113.7824
94.3132	188.6264
11.1849	11.1849
219.2805	313.5937

A3D Allowable Resident Care Exp

B5 Allocation of D/C Expenses

C3 Additional Services per Diem

Total Resident Care Component

A3D Allowable Resident Care Exp

B4 Allocation of D/C Expenses

C2 Additional Services per Diem

Total Resident Care Component

TOTALS
996,165
1,651,424
97,924
2,745,513

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028041101 - 2017/07

RI: 405.64

NM: 493.20

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

MCP 80th Street

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.234	220.453	312.687	92.234	313.613	405.847
2.Inflate Line 1 by Inflation Factor 1.02603478	94.635	226.192	320.828	94.635	321.778	416.413
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	95.596	228.488	324.084	95.596	325.044	420.640
4.Current Period Cost	91.082	219.281	310.362	91.082	313.594	404.675
5.Incentive Basis (line 3 - line 4)	4.514	9.207		4.514	11.450	
6.Allowed Current Period Costs (Min of line 3 or 4)	91.082	219.281	310.362	91.082	313.594	404.675
7.Incentive Line 5 x Oper 50% Res 50%	2.257	4.604	6.861	2.257	5.725	7.982
8.Incentive - Line 4 x Oper 10% Res 3%	9.108	6.578	15.687	9.108	9.408	18.516
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.257	4.604	6.861	2.257	5.725	7.982
10.Final Incentive	2.257	4.604	6.861	2.257	5.725	7.982
11.Current Period Base: (line 6 + line 10)	93.339	223.884	317.223	93.339	319.319	412.658
12.Plus: Property Rate Component			43.522			43.522
13.Plus: ROE/Use Rate			3.075			3.075
14.Total Current Period Base			363.820			459.254
15.Prospective Rate: Line 11 x Inflation 1.06230530	99.154	237.833	336.988	99.154	339.214	438.368
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	99.154	237.833	336.988	99.154	339.214	438.368
19.Property Rate Component			43.522			43.522
20.ROE Component + ROE Interim Component			3.075			3.075
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			383.58			484.97
23.Medicaid Days			0			8,755
24.Resident Days			0			8,755
25.Medicaid Utilization			0.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(13.83)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			405.64			493.20



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

028045301 - 2017/07
RI:432.72 / NM:522.67

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

Provider Number: 028045301
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>425.12</u>	<u>432.72</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>525.80</u>	<u>522.67</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 UCP Of Miami
 1411 NW 14th Ave
 Miami, FL 33125

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028045301

Rate Period(s) 07/2017 to 7/2017

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	8,629	8,629
2. Operating Expenses component			
A. Administration			431,083
B. Plant Operation			283,454
C. Laundry			45,704
D. Housekeeping			34,781
E. Operating Expense Component & Per Diem	92.1337	92.1337	795,022
3. Resident Care			
A. Dietary			123,655
B. Other			0
C. Nursing			1,025,589
D. Resident Care & Per Diem	133.1839	133.1839	1,149,244
4. Prop Exp & Per Diem	44.5725	44.5725	384,616
5. ROE/Use Per Diem	2.5603	2.5603	22,093
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,629.00	8,629.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,689,467.00	1,689,467.00
5. Direct Care Expense Per Diem	97.8947	195.7894	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	8,629	8,629
2. Additional Services	0	95,017	95,017
3. Additional Services Exp & Per Diem	11.0114	11.0114	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	92.1337	92.1337	795,022
2. Resident Care Component	242.0900	339.9847	2,933,728
3. Property Cost Component	44.5725	44.5725	384,616
4. ROE/Use Allow Component	2.5603	2.5603	22,093
5. Total Cost Per Diem	381.3565	479.2512	4,135,459

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2016

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp	133.1839	133.1839	133.1839	A3D Allowable Resident Care Exp	1,149,244
B5 Allocation of D/C Expenses	97.8947	195.7894	195.7894	B4 Allocation of D/C Expenses	1,689,467
C3 Additional Services per Diem	11.0114	11.0114	11.0114	C2 Additional Services per Diem	95,017
Total Resident Care Component	242.0900	339.9847	339.9847	Total Resident Care Component	2,933,728

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028045301 - 2017/07

RI: 432.72

NM: 522.67

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

MCP Braddock

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	92.715	245.154	337.869	92.715	340.720	433.434
2. Inflate Line 1 by Inflation Factor 1.02603478	95.128	251.537	346.665	95.128	349.590	444.719
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	96.094	254.090	350.184	96.094	353.139	449.232
4. Current Period Cost	92.134	242.090	334.224	92.134	339.985	432.118
5. Incentive Basis (line 3 - line 4)	3.960	12.000		3.960	13.154	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.134	242.090	334.224	92.134	339.985	432.118
7. Incentive Line 5 x Oper 50% Res 50%	1.980	6.000	7.980	1.980	6.577	8.557
8. Incentive - Line 4 x Oper 10% Res 3%	9.213	7.263	16.476	9.213	10.200	19.413
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.980	6.000	7.980	1.980	6.577	8.557
10. Final Incentive	1.980	6.000	7.980	1.980	6.577	8.557
11. Current Period Base: (line 6 + line 10)	94.114	248.090	342.204	94.114	346.562	440.675
12. Plus: Property Rate Component			44.573			44.573
13. Plus: ROE/Use Rate			2.560			2.560
14. Total Current Period Base			389.336			487.808
15. Prospective Rate: Line 11 x Inflation 1.06230530	99.978	263.547	363.525	99.978	368.154	468.132
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	99.978	263.547	363.525	99.978	368.154	468.132
19. Property Rate Component			44.573			44.573
20. ROE Component + ROE Interim Component			2.560			2.560
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			410.66			515.26
23. Medicaid Days			0			8,629
24. Resident Days			0			8,629
25. Medicaid Utilization			0.00%			100.00%
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			0.00			(14.65)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			432.72			522.67



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028046101

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **MCP 2nd Street**
Provider Number: 28046101
Audit Status: Unaudited Costs
Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
Rate Semester : July, 2017
Cost Report : 7/1/2015 - 6/30/2016
Days In Reporting Period: 366
Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0		
2. Operating Expenses component		8,637	8,637
A. Administration			423,832
B. Plant Operation			272,783
C. Laundry			38,310
D. Housekeeping			37,984
E. Operating Expense Component & Per Diem	89.4881	89.4881	772,909
3. Resident Care			163,042
A. Dietary			0
B. Other			965,163
C. Nursing			
D. Resident Care & Per Diem	130.6246	130.6246	1,128,205
4. Prop Exp & Per Diem	42.7962	42.7962	369,631
5. ROE/Use Per Diem	2.9660	2.9660	25,617
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,637.00	8,637.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,619,664.00	1,619,664.00
5. Direct Care Expense Per Diem	93.7631	187.5262	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,637	8,637
2. Additional Services	0	95,517	95,517
3. Additional Services Exp & Per Diem	11.0590	11.0590	
D. Medicaid Per Diem Cost			
1. Operating Component	89.4881	89.4881	772,909
2. Resident Care Component	235.4467	329.2098	2,843,386
3. Property Cost Component	42.7962	42.7962	369,631
4. ROE/Use Allow Component	2.9660	2.9660	25,617
5. Total Cost Per Diem	370.6970	464.4601	4,011,543

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101
FYE: 06/30/2016

		Extrapolated R/I					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		130.6246	130.6246	A3D Allowable Resident Care Exp		1,128,205	
B5 Allocation of D/C Expenses		93.7631	187.5262	B4 Allocation of D/C Expenses		1,619,664	
C3 Additional Services per Diem		11.0590	11.0590	C2 Additional Services per Diem		95,517	
Total Resident Care Component		235.4467	329.2098	Total Resident Care Component		2,843,386	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028046101 - 2017/07

RI: 423.70

NM: 511.39

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

MCP 2nd Street

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	92.147	242.063	334.210	92.147	335.666	427.813
2.Inflate Line 1 by Inflation Factor 1.02603478	94.546	248.365	342.911	94.546	344.405	438.951
3.Line 1 X 1.4000 X Inflation Factor 1.03644889	95.506	250.886	346.392	95.506	347.901	443.406
4.Current Period Cost	89.488	235.447	324.935	89.488	329.210	418.698
5.Incentive Basis (line 3 - line 4)	6.018	15.439		6.018	18.691	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.488	235.447	324.935	89.488	329.210	418.698
7.Incentive Line 5 x Oper 50% Res 50%	3.009	7.720	10.728	3.009	9.345	12.354
8.Incentive - Line 4 x Oper 10% Res 3%	8.949	7.063	16.012	8.949	9.876	18.825
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.009	7.063	10.072	3.009	9.345	12.354
10.Final Incentive	3.009	7.063	10.072	3.009	9.345	12.354
11.Current Period Base: (line 6 + line 10)	92.497	242.510	335.007	92.497	338.555	431.052
12.Plus: Property Rate Component			42.796			42.796
13.Plus: ROE/Use Rate			2.966			2.966
14.Total Current Period Base			380.769			476.814
15.Prospective Rate: Line 11 x Inflation 1.06230530	98.260	257.620	355.880	98.260	359.649	457.909
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	98.260	257.620	355.880	98.260	359.649	457.909
19.Property Rate Component			42.796			42.796
20.ROE Component + ROE Interim Component			2.966			2.966
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			401.64			503.67
23.Medicaid Days		0			8,637	
24.Resident Days		0			8,637	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(14.34)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			423.70			511.39



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

028048801 - 2017/07
RI:408.35 / NM:500.79

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

Provider Number: 028048801

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>399.52</u>	<u>408.35</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>507.11</u>	<u>500.79</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

UCP Of Miami

1411 NW 14th Ave

Miami, FL 33125

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028048801

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: MCP Sunset	Cost Report Entered By : Falk, Rebekah
Provider Number: 28048801	Rate Semester : July, 2017
Audit Status: Unaudited Costs	Cost Report : 7/1/2015 - 6/30/2016
Date: 7/20/2017	Days In Reporting Period: 366
	Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,784	8,784
2. Operating Expenses component			
A. Administration			422,404
B. Plant Operation			289,995
C. Laundry			36,826
D. Housekeeping			34,549
E. Operating Expense Component & Per Diem	89.2275	89.2275	783,774
3. Resident Care			
A. Dietary			151,945
B. Other			0
C. Nursing			874,949
D. Resident Care & Per Diem	116.9051	116.9051	1,026,894
4. Prop Exp & Per Diem	40.9186	40.9186	359,429
5. ROE/Use Per Diem	2.8941	2.8941	25,422

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,784.00	8,784.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,683,240.00	1,683,240.00
5. Direct Care Expense Per Diem	95.8129	191.6257	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,784	8,784
2. Additional Services	0	111,651	111,651
3. Additional Services Exp & Per Diem	12.7107	12.7107	

D. Medicaid Per Diem Cost

1. Operating Component	89.2275	89.2275	783,774
2. Resident Care Component	225.4287	321.2415	2,821,785
3. Property Cost Component	40.9186	40.9186	359,429
4. ROE/Use Allow Component	2.8941	2.8941	25,422
5. Total Cost Per Diem	358.4689	454.2817	3,990,410

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
FYE: 06/30/2016

		Extrapolated R/I				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	116.9051	116.9051	116.9051	A3D Allowable Resident Care Exp		1,026,894
B5 Allocation of D/C Expenses	95.8129	191.6257	191.6257	B4 Allocation of D/C Expenses		1,683,240
C3 Additional Services per Diem	12.7107	12.7107	12.7107	C2 Additional Services per Diem		111,651
Total Resident Care Component	225.4287	321.2415	321.2415	Total Resident Care Component		2,821,785

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028048801 - 2017/07

RI: 408.35

NM: 500.79

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

MCP Sunset

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	90.948	227.568	318.515	90.948	329.692	420.639
2.Inflate Line 1 by Inflation Factor 1.02603478	93.315	233.492	326.808	93.315	338.275	431.591
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	94.263	235.862	330.125	94.263	341.709	435.971
4.Current Period Cost	89.228	225.429	314.656	89.228	321.242	410.469
5.Incentive Basis (line 3 - line 4)	5.035	10.434		5.035	20.467	
6.Allowed Current Period Costs (Min of line 3 or 4)	89.228	225.429	314.656	89.228	321.242	410.469
7.Incentive Line 5 x Oper 50% Res 50%	2.518	5.217	7.734	2.518	10.234	12.751
8.Incentive - Line 4 x Oper 10% Res 3%	8.923	6.763	15.686	8.923	9.637	18.560
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.518	5.217	7.734	2.518	9.637	12.155
10.Final Incentive	2.518	5.217	7.734	2.518	9.637	12.155
11.Current Period Base: (line 6 + line 10)	91.745	230.645	322.390	91.745	330.879	422.624
12.Plus: Property Rate Component			40.919			40.919
13.Plus: ROE/Use Rate			2.894			2.894
14.Total Current Period Base			366.203			466.436
15.Prospective Rate: Line 11 x Inflation 1.06230530	97.461	245.016	342.477	97.461	351.494	448.955
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	97.461	245.016	342.477	97.461	351.494	448.955
19.Property Rate Component			40.919			40.919
20.ROE Component + ROE Interim Component			2.894			2.894
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			386.29			492.77
23.Medicaid Days		0			8,784	
24.Resident Days		0			8,784	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(14.04)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			408.35			500.79



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

028049601 - 2017/07
RI:344.59 / NM:464.10

Dorchester Cluster (Sunrise)

3201 Ginger Drive
 Tallahassee, FL 32308

Provider Number: 028049601

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	342.98	344.59	7/1/2017
#8 Non-Ambulatory & #9 Medical	462.19	464.10	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028049601

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Dorchester Cluster (Sunrise)**
 Provider Number: 28049601
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,132	5,854	7,986
2. Operating Expenses component			
A. Administration			351,659
B. Plant Operation			146,558
C. Laundry			3,366
D. Housekeeping			35,205
E. Operating Expense Component & Per Diem	67.2161	67.2161	536,788
3. Resident Care			
A. Dietary			142,171
B. Other			152,529
C. Nursing			524,599
D. Resident Care & Per Diem	102.5919	102.5919	819,299
4. Prop Exp & Per Diem	15.6485	15.6485	124,969
5. ROE/Use Per Diem	1.5490	1.5490	12,370

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,066.00	5,854.00	6,920.00
3. Staffing Percent	0.1540	0.8460	1.0000
4. Allocation of Direct Care	243,126.56	1,335,143.44	1,578,270.00
5. Direct Care Expense Per Diem	114.0368	228.0737	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,132	5,854	7,986
2. Additional Services	15,504	42,571	58,075
3. Additional Services Exp & Per Diem	7.2720	7.2721	

D. Medicaid Per Diem Cost

1. Operating Component	67.2161	67.2161	536,788
2. Resident Care Component	223.9007	337.9377	2,455,644
3. Property Cost Component	15.6485	15.6485	124,969
4. ROE/Use Allow Component	1.5490	1.5490	12,370
5. Total Cost Per Diem	308.3143	422.3513	3,129,771

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		102.5919	102.5919	A3D Allowable Resident Care Exp		819,299	
B5 Allocation of D/C Expenses		114.0368	228.0737	B4 Allocation of D/C Expenses		1,578,270	
C3 Additional Services per Diem		7.2720	7.2721	C2 Additional Services per Diem		58,075	
Total Resident Care Component		223.9007	337.9377	Total Resident Care Component		2,455,644	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028049601 - 2017/07

RI: 344.59

NM: 464.10

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Dorchester Cluster (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	71.706	219.588	291.294	71.706	332.739	404.446
2. Inflate Line 1 by Inflation Factor 1.02603478	73.573	225.305	298.878	73.573	341.402	414.975
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	74.320	227.592	301.912	74.320	344.867	419.187
4. Current Period Cost	67.216	223.901	291.117	67.216	337.938	405.154
5. Incentive Basis (line 3 - line 4)	7.104	3.691		7.104	6.929	
6. Allowed Current Period Costs (Min of line 3 or 4)	67.216	223.901	291.117	67.216	337.938	405.154
7. Incentive Line 5 x Oper 50% Res 50%	3.552	1.845	5.397	3.552	3.465	7.017
8. Incentive - Line 4 x Oper 10% Res 3%	6.722	6.717	13.439	6.722	10.138	16.860
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.552	1.845	5.397	3.552	3.465	7.017
10. Final Incentive	3.552	1.845	5.397	3.552	3.465	7.017
11. Current Period Base: (line 6 + line 10)	70.768	225.746	296.514	70.768	341.402	412.170
12. Plus: Property Rate Component			15.649			15.649
13. Plus: ROE/Use Rate			1.549			1.549
14. Total Current Period Base			313.712			429.368
15. Prospective Rate: Line 11 x Inflation 1.06230530	75.177	239.811	314.989	75.177	362.674	437.851
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.177	239.811	314.989	75.177	362.674	437.851
19. Property Rate Component			15.649			15.649
20. ROE Component + ROE Interim Component			1.549			1.549
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			332.19			455.05
23. Medicaid Days		2,132			5,854	
24. Resident Days		2,132			5,854	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(9.66)			(13.01)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			344.59			464.10



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

028059300 - 2017/07
RI:244.33 / NM:0.00

146th Place Grp Home #10
(Sunrise)
 10521 S.W. 146th Place
 Miami, FL 33186
 Provider Type: ICF/IID

Provider Number: 028059300
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	240.75	244.33	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028059300

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28059300	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			64,822
B. Plant Operation			24,439
C. Laundry			340
D. Housekeeping			1,517
E. Operating Expense Component & Per Diem	41.4927		91,118
3. Resident Care			
A. Dietary			14,610
B. Other			48,522
C. Nursing			1,556
D. Resident Care & Per Diem	29.4572		64,688
4. Prop Exp & Per Diem	13.7773		30,255
5. ROE/Use Per Diem	0.3834		842

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	293,289.00	0.00	293,289.00
5. Direct Care Expense Per Diem	133.5560	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	18,211	0	18,211
3. Additional Services Exp & Per Diem	8.2928	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	41.4927	0.0000	91,118
2. Resident Care Component	171.3060	0.0000	376,188
3. Property Cost Component	13.7773	0.0000	30,255
4. ROE/Use Allow Component	0.3834	0.0000	842
5. Total Cost Per Diem	226.9594	0.0000	498,403

Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300
FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		29.4572	0.0000	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		133.5560	0.0000	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		8.2928	0.0000	C2 Additional Services per Diem	
Total Resident Care Component		171.3060	0.0000	Total Resident Care Component	
				TOTALS	
					64,688
					293,289
					18,211
					376,188

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028059300 - 2017/07

RI: 244.33

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

146th Place Grp Home #10 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.871	155.361	195.231	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.02603478	40.909	159.405	200.314	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	41.324	161.023	202.347	0.000	0.000	0.000
4. Current Period Cost	41.493	171.306	212.799	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	41.324	161.023	202.347	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	41.324	161.023	202.347	0.000	0.000	0.000
12. Plus: Property Rate Component			13.777			0.000
13. Plus: ROE/Use Rate			0.383			0.000
14. Total Current Period Base			216.508			0.000
15. Prospective Rate: Line 11 x Inflation 1.06230530	43.899	171.056	214.955	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	43.899	171.056	214.955	0.000	0.000	0.000
19. Property Rate Component			13.777			0.000
20. ROE Component + ROE Interim Component			0.383			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			229.12			0.00
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(6.85)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			244.33			0.00



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

028062300 - 2017/07
RI:243.19 / NM:284.48

**119th Street Grp Home #11
 (Sunrise)**

13350 S.W. 119th Street
 Miami, FL 33186

Provider Type: ICF/IID

Provider Number: 028062300

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	246.51	243.19	7/1/2017
#8 Non-Ambulatory & #9 Medical	287.59	284.48	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028062300

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	119th Street Grp Home #11 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28062300	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			62,579
B. Plant Operation			21,742
C. Laundry			558
D. Housekeeping			1,986
E. Operating Expense Component & Per Diem	39.5560	39.5560	86,865
3. Resident Care			
A. Dietary			16,324
B. Other			53,617
C. Nursing			9,444
D. Resident Care & Per Diem	36.1498	36.1498	79,385
4. Prop Exp & Per Diem	11.2778	11.2778	24,766
5. ROE/Use Per Diem	0.5096	0.5096	1,119

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	173,492.40	115,661.60	289,154.00
5. Direct Care Expense Per Diem	118.5057	158.0077	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	9,688	4,844	14,532
3. Additional Services Exp & Per Diem	6.6175	6.6175	

D. Medicaid Per Diem Cost

1. Operating Component	39.5560	39.5560	86,865
2. Resident Care Component	161.2730	200.7750	383,071
3. Property Cost Component	11.2778	11.2778	24,766
4. ROE/Use Allow Component	0.5096	0.5096	1,119
5. Total Cost Per Diem	212.6164	252.1184	495,821

Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		36.1498	36.1498	A3D Allowable Resident Care Exp		79,385	
B5 Allocation of D/C Expenses		118.5057	158.0077	B4 Allocation of D/C Expenses		289,154	
C3 Additional Services per Diem		6.6175	6.6175	C2 Additional Services per Diem		14,532	
Total Resident Care Component		161.2730	200.7750	Total Resident Care Component		383,071	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028062300 - 2017/07

RI: 243.19

NM: 284.48

119th Street Grp Home #11 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	40.512	158.371	198.883	40.512	197.381	237.873
2. Inflate Line 1 by Inflation Factor 1.02603478	41.567	162.494	204.061	41.567	202.499	244.065
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	41.989	164.144	206.132	41.989	204.554	246.543
4. Current Period Cost	39.556	161.273	200.829	39.556	200.775	240.331
5. Incentive Basis (line 3 - line 4)	2.433	2.871		2.433	3.779	
6. Allowed Current Period Costs (Min of line 3 or 4)	39.556	161.273	200.829	39.556	200.775	240.331
7. Incentive Line 5 x Oper 50% Res 50%	1.216	1.435	2.652	1.216	1.890	3.106
8. Incentive - Line 4 x Oper 10% Res 3%	3.956	4.838	8.794	3.956	6.023	9.979
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.216	1.435	2.652	1.216	1.890	3.106
10. Final Incentive	1.216	1.435	2.652	1.216	1.890	3.106
11. Current Period Base: (line 6 + line 10)	40.772	162.708	203.481	40.772	202.665	243.437
12. Plus: Property Rate Component			11.278			11.278
13. Plus: ROE/Use Rate			0.510			0.510
14. Total Current Period Base			215.268			255.224
15. Prospective Rate: Line 11 x Inflation 1.06230530	43.313	172.846	216.159	43.313	215.292	258.604
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	43.313	172.846	216.159	43.313	215.292	258.604
19. Property Rate Component			11.278			11.278
20. ROE Component + ROE Interim Component			0.510			0.510
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.95			270.39
23. Medicaid Days		1,464			732	
24. Resident Days		1,464			732	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.82)			(7.98)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			243.19			284.48



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

028065800 - 2017/07
RI:243.10 / NM:0.00

**22nd Street Grp Home #6
 (Sunrise)**

444 N.W. 22nd Street
 Homestead, FL 33030

Provider Type: ICF/IID

Provider Number: 028065800

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	238.59	243.10	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028065800

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **22nd Street Grp Home #6 (Sunrise)**
 Provider Number: 28065800
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,083	0	2,083
2. Operating Expenses component			
A. Administration			56,798
B. Plant Operation			40,095
C. Laundry			613
D. Housekeeping			1,587
E. Operating Expense Component & Per Diem	47.5723		99,093
3. Resident Care			
A. Dietary			15,771
B. Other			50,183
C. Nursing			0
D. Resident Care & Per Diem	31.6630		65,954
4. Prop Exp & Per Diem	10.7552		22,403
5. ROE/Use Per Diem	0.4700		979

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,562.25	0.00	1,562.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	255,157.00	0.00	255,157.00
5. Direct Care Expense Per Diem	122.4950	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,083	0	2,083
2. Additional Services	12,896	0	12,896
3. Additional Services Exp & Per Diem	6.1911	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	47.5723	0.0000	99,093
2. Resident Care Component	160.3491	0.0000	334,007
3. Property Cost Component	10.7552	0.0000	22,403
4. ROE/Use Allow Component	0.4700	0.0000	979
5. Total Cost Per Diem	219.1466	0.0000	456,482

Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800
FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	31.6630	0.0000		A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses	122.4950	0.0000		B4 Allocation of D/C Expenses	
C3 Additional Services per Diem	6.1911	0.0000		C2 Additional Services per Diem	
Total Resident Care Component	160.3491	0.0000		Total Resident Care Component	

TOTALS
65,954
255,157
12,896
334,007

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028065800 - 2017/07

RI: 243.10

NM: 0.00

22nd Street Grp Home #6 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	42.892	153.863	196.756	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.02603478	44.009	157.869	201.878	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	44.456	159.471	203.927	0.000	0.000	0.000
4. Current Period Cost	47.572	160.349	207.921	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	44.456	159.471	203.927	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	44.456	159.471	203.927	0.000	0.000	0.000
12. Plus: Property Rate Component			10.755			0.000
13. Plus: ROE/Use Rate			0.470			0.000
14. Total Current Period Base			215.152			0.000
15. Prospective Rate: Line 11 x Inflation 1.06230530	47.225	169.407	216.633	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	47.225	169.407	216.633	0.000	0.000	0.000
19. Property Rate Component			10.755			0.000
20. ROE Component + ROE Interim Component			0.470			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.86			0.00
23. Medicaid Days		2,083			0	
24. Resident Days		2,083			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(6.82)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			243.10			0.00



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 Tallahassee, Florida 32308

028427100 - 2017/07
RI:258.90 / NM:338.72

Fern Park Developmental Center

230 Fern Park Boulevard
 Fern Park, FL 32730

Provider Type: ICF/IID

Provider Number: 028427100

Date: 7/18/2017

FYE: 2/29/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.82</u>	<u>258.90</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>340.80</u>	<u>338.72</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

028427100

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Fern Park Developmental Center	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28427100	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	3/1/2015 - 2/29/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,455	18,823	23,278
2. Operating Expenses component			
A. Administration			928,602
B. Plant Operation			300,282
C. Laundry			40,640
D. Housekeeping			132,656
E. Operating Expense Component & Per Diem	60.2363	60.2363	1,402,180
3. Resident Care			
A. Dietary			411,521
B. Other			0
C. Nursing			999,506
D. Resident Care & Per Diem	60.6163	60.6163	1,411,027
4. Prop Exp & Per Diem	20.2294	20.2294	470,901
5. ROE/Use Per Diem	0.1327	0.1327	3,090

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,227.50	18,823.00	21,050.50
3. Staffing Percent	0.1058	0.8942	1.0000
4. Allocation of Direct Care	339,158.28	2,865,982.72	3,205,141.00
5. Direct Care Expense Per Diem	76.1298	152.2596	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,455	18,823	23,278
2. Additional Services	41,402	174,927	216,329
3. Additional Services Exp & Per Diem	9.2934	9.2933	

D. Medicaid Per Diem Cost

1. Operating Component	60.2363	60.2363	1,402,180
2. Resident Care Component	146.0395	222.1692	4,832,497
3. Property Cost Component	20.2294	20.2294	470,901
4. ROE/Use Allow Component	0.1327	0.1327	3,090
5. Total Cost Per Diem	226.6379	302.7676	6,708,668

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100
FYE: 02/29/2016

R/I & N/M Days			
R/I	N/M		
A3D Allowable Resident Care Exp	60.6163	60.6163	A3D Allowable Resident Care Exp
B5 Allocation of D/C Expenses	76.1298	152.2596	B4 Allocation of D/C Expenses
C3 Additional Services per Diem	9.2934	9.2933	C2 Additional Services per Diem
Total Resident Care Component	146.0395	222.1692	Total Resident Care Component

TOTALS
1,411,027
3,205,141
216,329
4,832,497

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028427100 - 2017/07

RI: 258.90

NM: 338.72

Fern Park Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	3/1/2015	2/29/2016	Unaudited Costs	201607
Prior Cost Report	3/1/2014	2/28/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	60.647	143.301	203.948	60.647	217.653	278.299
2. Inflate Line 1 by Inflation Factor 1.02530813	62.182	146.928	209.109	62.182	223.161	285.342
3. Line 1 X 1.4000 X Inflation Factor 1.03543138	62.795	148.379	211.174	62.795	225.364	288.160
4. Current Period Cost	60.236	146.040	206.276	60.236	222.169	282.406
5. Incentive Basis (line 3 - line 4)	2.559	2.339		2.559	3.195	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.236	146.040	206.276	60.236	222.169	282.406
7. Incentive Line 5 x Oper 50% Res 50%	1.280	1.170	2.449	1.280	1.598	2.877
8. Incentive - Line 4 x Oper 10% Res 3%	6.024	4.381	10.405	6.024	6.665	12.689
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.280	1.170	2.449	1.280	1.598	2.877
10. Final Incentive	1.280	1.170	2.449	1.280	1.598	2.877
11. Current Period Base: (line 6 + line 10)	61.516	147.209	208.725	61.516	223.767	285.283
12. Plus: Property Rate Component			20.229			20.229
13. Plus: ROE/Use Rate			0.133			0.133
14. Total Current Period Base			229.087			305.645
15. Prospective Rate: Line 11 x Inflation 1.07191558	65.940	157.796	223.736	65.940	239.859	305.799
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.940	157.796	223.736	65.940	239.859	305.799
19. Property Rate Component			20.229			20.229
20. ROE Component + ROE Interim Component			0.133			0.133
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			244.10			326.16
23. Medicaid Days		4,455			18,823	
24. Resident Days		4,455			18,823	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(7.26)			(9.50)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			258.90			338.72



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

028500500 - 2017/07
RI:218.06 / NM:0.00

**Naranja Group Home
 (Sunrise)**
 15190 S.W. 272nd Street
 Naranja, FL 33032
 Provider Type: ICF/IID

Provider Number: 028500500
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	216.22	218.06	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

028500500

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Naranja Group Home (Sunrise)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28500500	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	12

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,392	0	4,392
2. Operating Expenses component			
A. Administration			104,556
B. Plant Operation			33,705
C. Laundry			447
D. Housekeeping			4,053
E. Operating Expense Component & Per Diem	32.5048		142,761
3. Resident Care			
A. Dietary			35,649
B. Other			125,802
C. Nursing			57,349
D. Resident Care & Per Diem	49.8179		218,800
4. Prop Exp & Per Diem	9.4561		41,531
5. ROE/Use Per Diem	1.1566		5,080

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,196.00	0.00	2,196.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	439,375.00	0.00	439,375.00
5. Direct Care Expense Per Diem	100.0398	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,392	0	4,392
2. Additional Services	11,974	0	11,974
3. Additional Services Exp & Per Diem	2.7263	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	32.5048	0.0000	142,761
2. Resident Care Component	152.5840	0.0000	670,149
3. Property Cost Component	9.4561	0.0000	41,531
4. ROE/Use Allow Component	1.1566	0.0000	5,080
5. Total Cost Per Diem	195.7015	0.0000	859,521

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500
FYE: 06/30/2016

No N/M Days				
	R/I	N/M		
A3D Allowable Resident Care Exp	49.8179	0.0000	A3D Allowable Resident Care Exp	218,800
B5 Allocation of D/C Expenses	100.0398	0.0000	B4 Allocation of D/C Expenses	439,375
C3 Additional Services per Diem	2.7263	0.0000	C2 Additional Services per Diem	11,974
Total Resident Care Component	152.5840	0.0000	Total Resident Care Component	670,149

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028500500 - 2017/07

RI: 218.06

NM: 0.00

Naranja Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	34.588	140.953	175.541	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	35.488	144.623	180.111	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	35.849	146.091	181.939	0.000	0.000	0.000
4.Current Period Cost	32.505	152.584	185.089	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	3.344	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	32.505	146.091	178.596	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	1.672	0.000	1.672	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.250	0.000	3.250	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.672	0.000	1.672	0.000	0.000	0.000
10.Final Incentive	1.672	0.000	1.672	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	34.177	146.091	180.267	0.000	0.000	0.000
12.Plus: Property Rate Component			9.456			0.000
13.Plus: ROE/Use Rate			1.157			0.000
14.Total Current Period Base			190.880			0.000
15.Prospective Rate: Line 11 x Inflation 1.06230530	36.306	155.193	191.499	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	36.306	155.193	191.499	0.000	0.000	0.000
19.Property Rate Component			9.456			0.000
20.ROE Component + ROE Interim Component			1.157			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			202.11			0.00
23.Medicaid Days		4,392			0	
24.Resident Days		4,392			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(6.11)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			218.06			0.00



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

028505600 - 2017/07
RI:320.84 / NM:487.06

PARC Cottage
 3101 76th Way North
 St. Petersburg, FL 33710

Provider Number: 028505600
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>312.59</u>	<u>320.84</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>476.05</u>	<u>487.06</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028505600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,294	2,562	5,856
2. Operating Expenses component			
A. Administration			325,773
B. Plant Operation			75,022
C. Laundry			7,475
D. Housekeeping			19,334
E. Operating Expense Component & Per Diem	73.0198	73.0198	427,604
3. Resident Care			
A. Dietary			96,919
B. Other			0
C. Nursing			235,416
D. Resident Care & Per Diem	56.7512	56.7512	332,335
4. Prop Exp & Per Diem	8.8690	8.8690	51,937
5. ROE/Use Per Diem	1.1177	1.1177	6,545
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,647.00	2,562.00	4,209.00
3. Staffing Percent	0.3913	0.6087	1.0000
4. Allocation of Direct Care	508,898.35	791,619.65	1,300,518.00
5. Direct Care Expense Per Diem	154.4925	308.9850	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,294	2,562	5,856
2. Additional Services	39,870	31,008	70,878
3. Additional Services Exp & Per Diem	12.1038	12.1030	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	73.0198	73.0198	427,604
2. Resident Care Component	223.3475	377.8392	1,703,731
3. Property Cost Component	8.8690	8.8690	51,937
4. ROE/Use Allow Component	1.1177	1.1177	6,545
5. Total Cost Per Diem	306.3540	460.8457	2,189,817

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		56.7512	56.7512	A3D Allowable Resident Care Exp		332,335	
B5 Allocation of D/C Expenses		154.4925	308.9850	B4 Allocation of D/C Expenses		1,300,518	
C3 Additional Services per Diem		12.1038	12.1030	C2 Additional Services per Diem		70,878	
Total Resident Care Component		223.3475	377.8392	Total Resident Care Component		1,703,731	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028505600 - 2017/07

RI: 320.84

NM: 487.06

PARC Cottage

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	65.229	206.845	272.074	65.229	362.964	428.193
2.Inflate Line 1 by Inflation Factor 1.02685667	66.981	212.400	279.381	66.981	372.712	439.693
3.Line 1 X 1.4000 X Inflation Factor 1.03759934	67.682	214.622	282.304	67.682	376.611	444.293
4.Current Period Cost	73.020	223.348	296.367	73.020	377.839	450.859
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	67.682	214.622	282.304	67.682	376.611	444.293
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	67.682	214.622	282.304	67.682	376.611	444.293
12.Plus: Property Rate Component			8.869			8.869
13.Plus: ROE/Use Rate			1.118			1.118
14.Total Current Period Base			292.291			454.280
15.Prospective Rate: Line 11 x Inflation 1.05485530	71.395	226.395	297.790	71.395	397.270	468.665
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.395	226.395	297.790	71.395	397.270	468.665
19.Property Rate Component			8.869			8.869
20.ROE Component + ROE Interim Component			1.118			1.118
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			307.78			478.65
23.Medicaid Days		3,294			2,562	
24.Resident Days		3,294			2,562	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(8.99)			(13.65)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			320.84			487.06



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

028512900 - 2017/07
RI:277.99 / NM:0.00

MACtown, Inc.
 151 NE 62nd Street
 Miami, FL 33138

Provider Number: 028512900
 Date: 7/18/2017
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.95</u>	<u>277.99</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028512900

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **MActown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 10/1/2014 - 9/30/2015
 Days In Reporting Period: 365
 Number of Beds: 56

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	20,276	0	20,276
2. Operating Expenses component			
A. Administration			759,274
B. Plant Operation			80,395
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	41.4120		839,669
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000		0
4. Prop Exp & Per Diem	11.0633		224,319
5. ROE/Use Per Diem	0.5714		11,586

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	10,138.00	0.00	10,138.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,768,504.00	0.00	3,768,504.00
5. Direct Care Expense Per Diem	185.8603	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	20,276	0	20,276
2. Additional Services	111,367	0	111,367
3. Additional Services Exp & Per Diem	5.4926	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	41.4120	0.0000	839,669
2. Resident Care Component	191.3529	0.0000	3,879,871
3. Property Cost Component	11.0633	0.0000	224,319
4. ROE/Use Allow Component	0.5714	0.0000	11,586
5. Total Cost Per Diem	244.3996	0.0000	4,955,445

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900

FYE: 09/30/2015

		No N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		0.0000	0.0000	A3D Allowable Resident Care Exp		0	
B5 Allocation of D/C Expenses		185.8603	0.0000	B4 Allocation of D/C Expenses		3,768,504	
C3 Additional Services per Diem		5.4926	0.0000	C2 Additional Services per Diem		111,367	
Total Resident Care Component		191.3529	0.0000	Total Resident Care Component		3,879,871	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028512900 - 2017/07

RI: 277.99

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

MACTown, Inc.

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	36.209	192.354	228.563	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02520071	37.122	197.201	234.323	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03528099	37.487	199.140	236.627	0.000	0.000	0.000
4.Current Period Cost	41.412	191.353	232.765	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	7.787		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	37.487	191.353	228.839	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	3.894	3.894	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.741	5.741	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	3.894	3.894	0.000	0.000	0.000
10.Final Incentive	0.000	3.894	3.894	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	37.487	195.246	232.733	0.000	0.000	0.000
12.Plus: Property Rate Component			11.063			0.000
13.Plus: ROE/Use Rate			0.571			0.000
14.Total Current Period Base			244.368			0.000
15.Prospective Rate: Line 11 x Inflation 1.08318521	40.605	211.488	252.093	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	40.605	211.488	252.093	0.000	0.000	0.000
19.Property Rate Component			11.063			0.000
20.ROE Component + ROE Interim Component			0.571			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			263.73			0.00
23.Medicaid Days		20,276			0	
24.Resident Days		20,276			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(7.79)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			277.99			0.00



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

028513700 - 2017/07
RI:295.85 / NM:356.14

New Horizons of NW Florida, Inc.
 10050 Hillview Road
 Pensacola, FL 32514
 Provider Type: ICF/IID

Provider Number: 028513700
 Date: 7/18/2017
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>293.99</u>	<u>295.85</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>353.89</u>	<u>356.14</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028513700

Rate Period(s) 07/2016 to 7/2017

Provider Name:	New Horizons of NW Florida, Inc.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28513700	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	365
		Number of Beds:	30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,011	7,635	10,646
2. Operating Expenses component			
A. Administration			711,430
B. Plant Operation			178,537
C. Laundry			48,511
D. Housekeeping			65,493
E. Operating Expense Component & Per Diem	94.3050	94.3050	1,003,971
3. Resident Care			
A. Dietary			257,743
B. Other			68,122
C. Nursing			554,303
D. Resident Care & Per Diem	82.6759	82.6759	880,168
4. Prop Exp & Per Diem	5.0299	5.0299	53,548
5. ROE/Use Per Diem	1.5766	1.5766	16,784
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,505.50	7,635.00	9,140.50
3. Staffing Percent	0.1647	0.8353	1.0000
4. Allocation of Direct Care	186,121.67	943,898.33	1,130,020.00
5. Direct Care Expense Per Diem	61.8139	123.6278	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,011	7,635	10,646
2. Additional Services	55,430	165,389	220,819
3. Additional Services Exp & Per Diem	18.4092	21.6620	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	94.3050	94.3050	1,003,971
2. Resident Care Component	162.8990	227.9657	2,231,007
3. Property Cost Component	5.0299	5.0299	53,548
4. ROE/Use Allow Component	1.5766	1.5766	16,784
5. Total Cost Per Diem	263.8105	328.8772	3,305,310

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		82.6759	82.6759	A3D Allowable Resident Care Exp		880,168	
B5 Allocation of D/C Expenses		61.8139	123.6278	B4 Allocation of D/C Expenses		1,130,020	
C3 Additional Services per Diem		18.4092	21.6620	C2 Additional Services per Diem		220,819	
Total Resident Care Component		162.8990	227.9657	Total Resident Care Component		2,231,007	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028513700 - 2017/07

RI: 295.85

NM: 356.14

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

New Horizons of NW Florida, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	10/1/2013	9/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	83.591	167.163	250.754	83.591	217.334	300.925
2. Inflate Line 1 by Inflation Factor 1.02520071	85.698	171.376	257.073	85.698	222.811	308.509
3. Line 1 X 1.4000 X Inflation Factor 1.03528099	86.540	173.061	259.601	86.540	225.002	311.542
4. Current Period Cost	94.305	162.899	257.204	94.305	227.966	322.271
5. Incentive Basis (line 3 - line 4)	0.000	10.162		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	86.540	162.899	249.439	86.540	225.002	311.542
7. Incentive Line 5 x Oper 50% Res 50%	0.000	5.081	5.081	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.887	4.887	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.887	4.887	0.000	0.000	0.000
10. Final Incentive	0.000	4.887	4.887	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	86.540	167.786	254.326	86.540	225.002	311.542
12. Plus: Property Rate Component			5.030			5.030
13. Plus: ROE/Use Rate			1.577			1.577
14. Total Current Period Base			260.933			318.149
15. Prospective Rate: Line 11 x Inflation 1.08318521	93.739	181.743	275.482	93.739	243.719	337.458
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	93.739	181.743	275.482	93.739	243.719	337.458
19. Property Rate Component			5.030			5.030
20. ROE Component + ROE Interim Component			1.577			1.577
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			282.09			344.06
23. Medicaid Days		3,011			7,635	
24. Resident Days		3,011			7,635	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(8.29)			(9.98)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			295.85			356.14



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

028519600 - 2017/07
RI:347.06 / NM:0.00

BARC Housing, Inc.
 10250 N.W. 53rd Street
 Sunrise, FL 33351

Provider Number: 028519600
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	354.25	347.06	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028519600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 36

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	12,909	0	12,909
2. Operating Expenses component			
A. Administration			914,342
B. Plant Operation			226,884
C. Laundry			2,327
D. Housekeeping			23,436
E. Operating Expense Component & Per Diem	90.4012		1,166,989
3. Resident Care			
A. Dietary			259,489
B. Other			483,491
C. Nursing			244,033
D. Resident Care & Per Diem	76.4593		987,013
4. Prop Exp & Per Diem	15.3556		198,225
5. ROE/Use Per Diem	0.3188		4,116

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,454.50	0.00	6,454.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,469,806.00	0.00	1,469,806.00
5. Direct Care Expense Per Diem	113.8590	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	12,909	0	12,909
2. Additional Services	126,704	0	126,704
3. Additional Services Exp & Per Diem	9.8152	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	90.4012	0.0000	1,166,989
2. Resident Care Component	200.1335	0.0000	2,583,523
3. Property Cost Component	15.3556	0.0000	198,225
4. ROE/Use Allow Component	0.3188	0.0000	4,116
5. Total Cost Per Diem	306.2091	0.0000	3,952,853

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2016

No N/M Days			
	R/I	N/M	
A3D Allowable Resident Care Exp	76.4593	0.0000	A3D Allowable Resident Care Exp
B5 Allocation of D/C Expenses	113.8590	0.0000	B4 Allocation of D/C Expenses
C3 Additional Services per Diem	9.8152	0.0000	C2 Additional Services per Diem
Total Resident Care Component	200.1335	0.0000	Total Resident Care Component

TOTALS
987,013
1,469,806
126,704
2,583,523

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028519600 - 2017/07

RI: 347.06

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

BARC Housing, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	10/1/2013	9/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	95.221	200.289	295.510	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.05273420	100.243	210.851	311.093	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.07382788	102.251	215.075	317.327	0.000	0.000	0.000
4. Current Period Cost	90.401	200.134	290.535	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	11.850	14.942		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	90.401	200.134	290.535	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	5.925	7.471	13.396	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	9.040	6.004	15.044	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.925	6.004	11.929	0.000	0.000	0.000
10. Final Incentive	5.925	6.004	11.929	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	96.326	206.138	302.464	0.000	0.000	0.000
12. Plus: Property Rate Component			15.356			0.000
13. Plus: ROE/Use Rate			0.319			0.000
14. Total Current Period Base			318.138			0.000
15. Prospective Rate: Line 11 x Inflation 1.05485530	101.610	217.445	319.055	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	101.610	217.445	319.055	0.000	0.000	0.000
19. Property Rate Component			15.356			0.000
20. ROE Component + ROE Interim Component			0.319			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			334.73			0.00
23. Medicaid Days		12,909			0	
24. Resident Days		12,909			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(9.73)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			347.06			0.00



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

028520000 - 2017/07
RI:243.09 / NM:330.70

Pensacola Developmental Center

One Villa Drive
 Pensacola, FL 32506

Provider Type: ICF/IID

Provider Number: 028520000

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>241.83</u>	<u>243.09</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>328.89</u>	<u>330.70</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028520000

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2017

Provider Name:	Pensacola Developmental Center	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28520000	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	13,542	16,842	30,384
2. Operating Expenses component			
A. Administration			953,834
B. Plant Operation			506,937
C. Laundry			5,057
D. Housekeeping			272,616
E. Operating Expense Component & Per Diem	57.2158	57.2158	1,738,444
3. Resident Care			
A. Dietary			517,001
B. Other			0
C. Nursing			936,899
D. Resident Care & Per Diem	47.8508	47.8508	1,453,900
4. Prop Exp & Per Diem	14.2983	14.2983	434,439
5. ROE/Use Per Diem	0.2009	0.2009	6,103

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	6,771.00	16,842.00	23,613.00
3. Staffing Percent	0.2867	0.7133	1.0000
4. Allocation of Direct Care	1,120,363.20	2,786,760.80	3,907,124.00
5. Direct Care Expense Per Diem	82.7325	165.4650	

C. Additional Services Expense

1. Medicaid Inpatient Days	13,542	16,842	30,384
2. Additional Services	117,519	146,157	263,676
3. Additional Services Exp & Per Diem	8.6781	8.6781	

D. Medicaid Per Diem Cost

1. Operating Component	57.2158	57.2158	1,738,444
2. Resident Care Component	139.2614	221.9939	5,624,700
3. Property Cost Component	14.2983	14.2983	434,439
4. ROE/Use Allow Component	0.2009	0.2009	6,103
5. Total Cost Per Diem	210.9764	293.7089	7,803,686

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

Provider Number: 28520000
FYE: 09/30/2015

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		47.8508	47.8508	A3D Allowable Resident Care Exp		1,453,900	
B5 Allocation of D/C Expenses		82.7325	165.4650	B4 Allocation of D/C Expenses		3,907,124	
C3 Additional Services per Diem		8.6781	8.6781	C2 Additional Services per Diem		263,676	
Total Resident Care Component		139.2614	221.9939	Total Resident Care Component		5,624,700	

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028520000 - 2017/07

RI: 243.09

NM: 330.70

Pensacola Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	53.703	136.158	189.861	53.703	215.943	269.647
2. Inflate Line 1 by Inflation Factor 1.02772568	55.192	139.933	195.125	55.192	221.930	277.123
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	55.788	141.443	197.231	55.788	224.325	280.113
4. Current Period Cost	57.216	139.261	196.477	57.216	221.994	279.210
5. Incentive Basis (line 3 - line 4)	0.000	2.182		0.000	2.331	
6. Allowed Current Period Costs (Min of line 3 or 4)	55.788	139.261	195.049	55.788	221.994	277.782
7. Incentive Line 5 x Oper 50% Res 50%	0.000	1.091	1.091	0.000	1.166	1.166
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.178	4.178	0.000	6.660	6.660
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.091	1.091	0.000	1.166	1.166
10. Final Incentive	0.000	1.091	1.091	0.000	1.166	1.166
11. Current Period Base: (line 6 + line 10)	55.788	140.352	196.140	55.788	223.160	278.947
12. Plus: Property Rate Component			14.298			14.298
13. Plus: ROE/Use Rate			0.201			0.201
14. Total Current Period Base			210.639			293.447
15. Prospective Rate: Line 11 x Inflation 1.08771264	60.681	152.663	213.344	60.681	242.733	303.415
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.681	152.663	213.344	60.681	242.733	303.415
19. Property Rate Component			14.298			14.298
20. ROE Component + ROE Interim Component			0.201			0.201
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			227.84			317.91
23. Medicaid Days		13,542			16,842	
24. Resident Days		13,542			16,842	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.82)			(9.27)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			243.09			330.70



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028521800

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Ann Storck Center, Inc.**
 Provider Number: 28521800
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 48

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	17,167	17,167
2. Operating Expenses component			
A. Administration			463,457
B. Plant Operation			595,399
C. Laundry			38,514
D. Housekeeping			52,369
E. Operating Expense Component & Per Diem	66.9738	66.9738	1,149,739
3. Resident Care			
A. Dietary			268,437
B. Other			0
C. Nursing			965,498
D. Resident Care & Per Diem	71.8783	71.8783	1,233,935
4. Prop Exp & Per Diem	7.0714	7.0714	121,395
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	17,167.00	17,167.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,800,942.00	2,800,942.00
5. Direct Care Expense Per Diem	81.5793	163.1585	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	17,167	17,167
2. Additional Services	0	381,078	381,078
3. Additional Services Exp & Per Diem	22.1983	22.1983	

D. Medicaid Per Diem Cost

1. Operating Component	66.9738	66.9738	1,149,739
2. Resident Care Component	175.6559	257.2351	4,415,955
3. Property Cost Component	7.0714	7.0714	121,395
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	249.7011	331.2803	5,687,089

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800

FYE: 09/30/2016

Extrapolated R/I			
R/I	N/M		TOTALS
A3D Allowable Resident Care Exp	71.8783	71.8783	A3D Allowable Resident Care Exp 1,233,935
B5 Allocation of D/C Expenses	81.5793	163.1585	B4 Allocation of D/C Expenses 2,800,942
C3 Additional Services per Diem	22.1983	22.1983	C2 Additional Services per Diem 381,078
Total Resident Care Component	175.6559	257.2351	Total Resident Care Component 4,415,955

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028521800 - 2017/07

RI: 295.71

NM: 373.86

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Ann Storck Center, Inc.

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	73.831	196.096	269.927	73.831	273.226	347.057
2. Inflate Line 1 by Inflation Factor 1.02685667	75.814	201.362	277.176	75.814	280.564	356.378
3. Line 1 X 1.4000 X Inflation Factor 1.03759934	76.607	203.469	280.076	76.607	283.499	360.106
4. Current Period Cost	66.974	175.656	242.630	66.974	257.235	324.209
5. Incentive Basis (line 3 - line 4)	9.633	27.813		9.633	26.264	
6. Allowed Current Period Costs (Min of line 3 or 4)	66.974	175.656	242.630	66.974	257.235	324.209
7. Incentive Line 5 x Oper 50% Res 50%	4.817	13.906	18.723	4.817	13.132	17.949
8. Incentive - Line 4 x Oper 10% Res 3%	6.697	5.270	11.967	6.697	7.717	14.414
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.817	5.270	10.086	4.817	7.717	12.534
10. Final Incentive	4.817	5.270	10.086	4.817	7.717	12.534
11. Current Period Base: (line 6 + line 10)	71.791	180.926	252.716	71.791	264.952	336.743
12. Plus: Property Rate Component			7.071			7.071
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			259.787			343.814
15. Prospective Rate: Line 11 x Inflation 1.05485530	75.729	190.850	266.579	75.729	279.486	355.215
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	75.729	190.850	266.579	75.729	279.486	355.215
19. Property Rate Component			7.071			7.071
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			273.65			362.29
23. Medicaid Days		0			17,167	
24. Resident Days		0			17,167	
25. Medicaid Utilization		0.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			0.00			(10.48)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			295.71			373.86



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2017/07
RI:267.12 / NM:356.93

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Tallahassee Developmental Center

455 Appleyard Drive
Tallahassee, FL 32304

Provider Type: ICF/IID

Provider Number: 028522600

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	266.97	267.12	7/1/2017
#8 Non-Ambulatory & #9 Medical	352.77	356.93	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite
718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028522600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Tallahassee Developmental Center	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28522600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	7,345	13,709	21,054
2. Operating Expenses component			
A. Administration			734,208
B. Plant Operation			373,390
C. Laundry			4,039
D. Housekeeping			159,523
E. Operating Expense Component & Per Diem	60.3762	60.3762	1,271,160
3. Resident Care			
A. Dietary			370,815
B. Other			0
C. Nursing			762,904
D. Resident Care & Per Diem	53.8482	53.8482	1,133,719
4. Prop Exp & Per Diem	19.6511	19.6511	413,734
5. ROE/Use Per Diem	1.7949	1.7949	37,789

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	3,672.50	13,709.00	17,381.50
3. Staffing Percent	0.2113	0.7887	1.0000
4. Allocation of Direct Care	660,178.43	2,464,366.57	3,124,545.00
5. Direct Care Expense Per Diem	89.8813	179.7627	

C. Additional Services Expense

1. Medicaid Inpatient Days	7,345	13,709	21,054
2. Additional Services	81,039	151,254	232,293
3. Additional Services Exp & Per Diem	11.0332	11.0332	

D. Medicaid Per Diem Cost

1. Operating Component	60.3762	60.3762	1,271,160
2. Resident Care Component	154.7627	244.6441	4,490,557
3. Property Cost Component	19.6511	19.6511	413,734
4. ROE/Use Allow Component	1.7949	1.7949	37,789
5. Total Cost Per Diem	236.5849	326.4663	6,213,240

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 28522600

FYE: 09/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		53.8482	53.8482	A3D Allowable Resident Care Exp		1,133,719	
B5 Allocation of D/C Expenses		89.8813	179.7627	B4 Allocation of D/C Expenses		3,124,545	
C3 Additional Services per Diem		11.0332	11.0332	C2 Additional Services per Diem		232,293	
Total Resident Care Component		154.7627	244.6441	Total Resident Care Component		4,490,557	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028522600 - 2017/07

RI: 267.12

NM: 356.93

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Tallahassee Developmental Center

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	59.231	154.472	213.703	59.231	236.085	295.316
2.Inflate Line 1 by Inflation Factor 1.03114866	61.076	159.283	220.360	61.076	243.438	304.515
3.Line 1 X 1.4000 X Inflation Factor 1.04360812	61.814	161.208	223.022	61.814	246.380	308.194
4.Current Period Cost	60.376	154.763	215.139	60.376	244.644	305.020
5.Incentive Basis (line 3 - line 4)	1.438	6.445		1.438	1.736	
6.Allowed Current Period Costs (Min of line 3 or 4)	60.376	154.763	215.139	60.376	244.644	305.020
7.Incentive Line 5 x Oper 50% Res 50%	0.719	3.223	3.942	0.719	0.868	1.587
8.Incentive - Line 4 x Oper 10% Res 3%	6.038	4.643	10.681	6.038	7.339	13.377
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.719	3.223	3.942	0.719	0.868	1.587
10.Final Incentive	0.719	3.223	3.942	0.719	0.868	1.587
11.Current Period Base: (line 6 + line 10)	61.095	157.985	219.081	61.095	245.512	306.607
12.Plus: Property Rate Component			19.651			19.651
13.Plus: ROE/Use Rate			1.795			1.795
14.Total Current Period Base			240.527			328.053
15.Prospective Rate: Line 11 x Inflation 1.05485530	64.447	166.652	231.098	64.447	258.980	323.426
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.447	166.652	231.098	64.447	258.980	323.426
19.Property Rate Component			19.651			19.651
20.ROE Component + ROE Interim Component			1.795			1.795
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			252.54			344.87
23.Medicaid Days		7,345			13,709	
24.Resident Days		7,345			13,709	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(7.49)			(10.01)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			267.12			356.93



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

028524200 - 2017/07
RI:254.18 / NM:357.90

**Ft. Walton Beach
 Developmental Ctr.**
 1045 Mar Walt Drive
 Ft. Walton Beach, FL 32547
 Provider Type: ICF/IID

Provider Number: 028524200
 Date: 7/18/2017
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>252.75</u>	<u>254.18</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>355.81</u>	<u>357.90</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

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

5050 Poplar Avenue Suite 2000 Suite
718
Memphis, TN 38157

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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

028524200

Rate Period(s) 07/2016 to 7/2017

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28524200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	63

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	18,652	10,361	29,013
2. Operating Expenses component			
A. Administration			1,007,185
B. Plant Operation			599,406
C. Laundry			4,550
D. Housekeeping			205,855
E. Operating Expense Component & Per Diem	62.6270	62.6270	1,816,996
3. Resident Care			
A. Dietary			499,804
B. Other			0
C. Nursing			834,278
D. Resident Care & Per Diem	45.9822	45.9822	1,334,082
4. Prop Exp & Per Diem	9.4029	9.4029	272,807
5. ROE/Use Per Diem	2.0355	2.0355	59,057

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	9,326.00	10,361.00	19,687.00
3. Staffing Percent	0.4737	0.5263	1.0000
4. Allocation of Direct Care	1,864,501.28	2,071,423.72	3,935,925.00
5. Direct Care Expense Per Diem	99.9625	199.9251	

C. Additional Services Expense

1. Medicaid Inpatient Days	18,652	10,361	29,013
2. Additional Services	216,021	119,997	336,018
3. Additional Services Exp & Per Diem	11.5817	11.5816	

D. Medicaid Per Diem Cost

1. Operating Component	62.6270	62.6270	1,816,996
2. Resident Care Component	157.5264	257.4889	5,606,025
3. Property Cost Component	9.4029	9.4029	272,807
4. ROE/Use Allow Component	2.0355	2.0355	59,057
5. Total Cost Per Diem	231.5918	331.5543	7,754,885

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 28524200
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		45.9822	45.9822	A3D Allowable Resident Care Exp		1,334,082
B5 Allocation of D/C Expenses		99.9625	199.9251	B4 Allocation of D/C Expenses		3,935,925
C3 Additional Services per Diem		11.5817	11.5816	C2 Additional Services per Diem		336,018
Total Resident Care Component		157.5264	257.4889	Total Resident Care Component		5,606,025

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

028524200 - 2017/07

RI: 254.18

NM: 357.90

Rates Effective 07/01/2017 through 06/30/2018

Ft. Walton Beach Developmental Ctr.

Ownership: Private

Incentive Rating: Ineligible from 12/16/2016 - 01/06/2017 Days Eligible: 343 of 365

Eligibility Factor : 93.97%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	54.311	147.305	201.616	54.311	241.665	295.976
2.Inflate Line 1 by Inflation Factor 1.02772568	55.816	151.389	207.206	55.816	248.365	304.182
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	56.419	153.023	209.442	56.419	251.045	307.464
4.Current Period Cost	62.627	157.526	220.153	62.627	257.489	320.116
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)	56.419	153.023	209.442	56.419	251.045	307.464
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 93.97%	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)	56.419	153.023	209.442	56.419	251.045	307.464
12.Plus: Property Rate Component			9.403			9.403
13.Plus: ROE/Use Rate			2.036			2.036
14.Total Current Period Base			220.880			318.902
15.Pro prospective Rate: Line 11 x Inflation 1.08771264	61.367	166.445	227.813	61.367	273.065	334.432
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	61.367	166.445	227.813	61.367	273.065	334.432
19.Property Rate Component			9.403			9.403
20.ROE Component + ROE Interim Component			2.036			2.036
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			239.25			345.87
23.Medicaid Days		18,652			10,361	
24.Resident Days		18,652			10,361	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(7.13)			(10.03)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			254.18			357.90



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

028526900 - 2017/07
RI:244.15 / NM:326.55

Panama City Developmental Center

1407 Lincoln Drive P.O. Box 456
 Panama City, FL 32401

Provider Type: ICF/IID

Provider Number: 028526900

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>243.30</u>	<u>244.15</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>323.38</u>	<u>326.55</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite 718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

 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

028526900

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28526900	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	4,289	16,950	21,239
2. Operating Expenses component			
A. Administration			784,852
B. Plant Operation			382,085
C. Laundry			5,393
D. Housekeeping			184,664
E. Operating Expense Component & Per Diem	63.8916	63.8916	1,356,994
3. Resident Care			
A. Dietary			418,336
B. Other			0
C. Nursing			726,187
D. Resident Care & Per Diem	53.8878	53.8878	1,144,523
4. Prop Exp & Per Diem	11.1388	11.1388	236,576
5. ROE/Use Per Diem	0.6933	0.6933	14,725

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,144.50	16,950.00	19,094.50
3. Staffing Percent	0.1123	0.8877	1.0000
4. Allocation of Direct Care	347,853.31	2,749,411.69	3,097,265.00
5. Direct Care Expense Per Diem	81.1036	162.2072	

C. Additional Services Expense

1. Medicaid Inpatient Days	4,289	16,950	21,239
2. Additional Services	35,206	139,134	174,340
3. Additional Services Exp & Per Diem	8.2084	8.2085	

D. Medicaid Per Diem Cost

1. Operating Component	63.8916	63.8916	1,356,994
2. Resident Care Component	143.1998	224.3035	4,416,128
3. Property Cost Component	11.1388	11.1388	236,576
4. ROE/Use Allow Component	0.6933	0.6933	14,725
5. Total Cost Per Diem	218.9235	300.0272	6,024,423

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 28526900
FYE: 09/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		53.8878	53.8878	A3D Allowable Resident Care Exp		1,144,523	
B5 Allocation of D/C Expenses		81.1036	162.2072	B4 Allocation of D/C Expenses		3,097,265	
C3 Additional Services per Diem		8.2084	8.2085	C2 Additional Services per Diem		174,340	
Total Resident Care Component		143.1998	224.3035	Total Resident Care Component		4,416,128	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028526900 - 2017/07

RI: 244.15

NM: 326.55

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Panama City Developmental Center

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	58.986	139.246	198.231	58.986	215.415	274.401
2.Inflate Line 1 by Inflation Factor 1.03114866	60.823	143.583	204.406	60.823	222.125	282.948
3.Line 1 X 1.4000 X Inflation Factor 1.04360812	61.558	145.318	206.876	61.558	224.809	286.367
4.Current Period Cost	63.892	143.200	207.091	63.892	224.304	288.195
5.Incentive Basis (line 3 - line 4)	0.000	2.118		0.000	0.506	
6.Allowed Current Period Costs (Min of line 3 or 4)	61.558	143.200	204.758	61.558	224.304	285.861
7.Incentive Line 5 x Oper 50% Res 50%	0.000	1.059	1.059	0.000	0.253	0.253
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.296	4.296	0.000	6.729	6.729
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	1.059	1.059	0.000	0.253	0.253
10.Final Incentive	0.000	1.059	1.059	0.000	0.253	0.253
11.Current Period Base: (line 6 + line 10)	61.558	144.259	205.817	61.558	224.556	286.114
12.Plus: Property Rate Component			11.139			11.139
13.Plus: ROE/Use Rate			0.693			0.693
14.Total Current Period Base			217.649			297.946
15.Prospective Rate: Line 11 x Inflation 1.05485530	64.935	152.172	217.107	64.935	236.874	301.809
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	64.935	152.172	217.107	64.935	236.874	301.809
19.Property Rate Component			11.139			11.139
20.ROE Component + ROE Interim Component			0.693			0.693
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			228.94			313.64
23.Medicaid Days		4,289			16,950	
24.Resident Days		4,289			16,950	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(6.85)			(9.15)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			244.15			326.55



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2017/07
RI:223.52 / NM:298.96

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

**Hillsborough County
Developmental Ctr**

14219 Bruce B Downs
Boulevard
Tampa, FL 33613

Provider Type: ICF/IID

Provider Number: 028530700

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>222.04</u>	<u>223.52</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>297.12</u>	<u>298.96</u>	<u>7/1/2017</u>

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

DDMS

5050 Poplar Avenue Suite 2000 Suite
718

Memphis, TN 38157

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028530700

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Hillsborough County Developmental Ctr	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28530700	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	5,557	17,052	22,609
2. Operating Expenses component			
A. Administration			792,989
B. Plant Operation			514,798
C. Laundry			2,803
D. Housekeeping			110,312
E. Operating Expense Component & Per Diem	62.8467	62.8467	1,420,902
3. Resident Care			
A. Dietary			422,603
B. Other			0
C. Nursing			746,538
D. Resident Care & Per Diem	51.7113	51.7113	1,169,141
4. Prop Exp & Per Diem	4.4308	4.4308	100,177
5. ROE/Use Per Diem	0.7873	0.7873	17,799

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,778.50	17,052.00	19,830.50
3. Staffing Percent	0.1401	0.8599	1.0000
4. Allocation of Direct Care	403,008.52	2,473,313.48	2,876,322.00
5. Direct Care Expense Per Diem	72.5227	145.0454	

C. Additional Services Expense

1. Medicaid Inpatient Days	5,557	17,052	22,609
2. Additional Services	51,497	158,021	209,518
3. Additional Services Exp & Per Diem	9.2671	9.2670	

D. Medicaid Per Diem Cost

1. Operating Component	62.8467	62.8467	1,420,902
2. Resident Care Component	133.5011	206.0237	4,254,981
3. Property Cost Component	4.4308	4.4308	100,177
4. ROE/Use Allow Component	0.7873	0.7873	17,799
5. Total Cost Per Diem	201.5659	274.0885	5,793,859

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 28530700
FYE: 09/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		51.7113	51.7113	A3D Allowable Resident Care Exp		1,169,141	
B5 Allocation of D/C Expenses		72.5227	145.0454	B4 Allocation of D/C Expenses		2,876,322	
C3 Additional Services per Diem		9.2671	9.2670	C2 Additional Services per Diem		209,518	
Total Resident Care Component		133.5011	206.0237	Total Resident Care Component		4,254,981	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028530700 - 2017/07

RI: 223.52

NM: 298.96

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Hillsborough County Developmental Ctr

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

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

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	54.015	131.959	185.974	54.015	203.371	257.386
2. Inflate Line 1 by Inflation Factor 1.03114866	55.697	136.069	191.766	55.697	209.706	265.403
3. Line 1 X 1.4000 X Inflation Factor 1.04360812	56.370	137.713	194.083	56.370	212.240	268.609
4. Current Period Cost	62.847	133.501	196.348	62.847	206.024	268.870
5. Incentive Basis (line 3 - line 4)	0.000	4.212		0.000	6.216	
6. Allowed Current Period Costs (Min of line 3 or 4)	56.370	133.501	189.871	56.370	206.024	262.394
7. Incentive Line 5 x Oper 50% Res 50%	0.000	2.106	2.106	0.000	3.108	3.108
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	4.005	4.005	0.000	6.181	6.181
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	2.106	2.106	0.000	3.108	3.108
10. Final Incentive	0.000	2.106	2.106	0.000	3.108	3.108
11. Current Period Base: (line 6 + line 10)	56.370	135.607	191.977	56.370	209.132	265.502
12. Plus: Property Rate Component			4.431			4.431
13. Plus: ROE/Use Rate			0.787			0.787
14. Total Current Period Base			197.195			270.720
15. Prospective Rate: Line 11 x Inflation 1.05485530	59.462	143.046	202.508	59.462	220.604	280.066
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	59.462	143.046	202.508	59.462	220.604	280.066
19. Property Rate Component			4.431			4.431
20. ROE Component + ROE Interim Component			0.787			0.787
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			207.73			285.28
23. Medicaid Days		5,557			17,052	
24. Resident Days		5,557			17,052	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.27)			(8.38)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			223.52			298.96



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

028531500 - 2017/07
RI:369.52 / NM:447.00

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

Provider Number: 028531500
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	366.80	369.52	7/1/2017
#8 Non-Ambulatory & #9 Medical	443.03	447.00	7/1/2017

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

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For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028531500

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,297	5,019	8,316
2. Operating Expenses component			
A. Administration			588,285
B. Plant Operation			322,300
C. Laundry			598
D. Housekeeping			105,932
E. Operating Expense Component & Per Diem	122.3082	122.3082	1,017,115
3. Resident Care			
A. Dietary			207,190
B. Other			0
C. Nursing			504,864
D. Resident Care & Per Diem	85.6246	85.6246	712,054
4. Prop Exp & Per Diem	16.5075	16.5075	137,276
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,648.50	5,019.00	6,667.50
3. Staffing Percent	0.2472	0.7528	1.0000
4. Allocation of Direct Care	251,352.79	765,265.21	1,016,618.00
5. Direct Care Expense Per Diem	76.2368	152.4736	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,297	5,019	8,316
2. Additional Services	171,140	260,525	431,665
3. Additional Services Exp & Per Diem	51.9078	51.9078	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	122.3082	122.3082	1,017,115
2. Resident Care Component	213.7692	290.0060	2,160,337
3. Property Cost Component	16.5075	16.5075	137,276
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	352.5849	428.8217	3,314,728

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		85.6246	85.6246	A3D Allowable Resident Care Exp		712,054	
B5 Allocation of D/C Expenses		76.2368	152.4736	B4 Allocation of D/C Expenses		1,016,618	
C3 Additional Services per Diem		51.9078	51.9078	C2 Additional Services per Diem		431,665	
Total Resident Care Component		213.7692	290.0060	Total Resident Care Component		2,160,337	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028531500 - 2017/07

RI: 369.52

NM: 447.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Woodhouse, Inc

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	106.977	203.016	309.993	106.977	275.365	382.342
2.Inflate Line 1 by Inflation Factor 1.02603478	109.762	208.302	318.064	109.762	282.534	392.296
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	110.876	210.416	321.292	110.876	285.402	396.278
4.Current Period Cost	122.308	213.769	336.077	122.308	290.006	412.314
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)	110.876	210.416	321.292	110.876	285.402	396.278
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)	110.876	210.416	321.292	110.876	285.402	396.278
12.Plus: Property Rate Component			16.508			16.508
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			337.799			412.785
15.Prospective Rate: Line 11 x Inflation 1.06230530	117.784	223.526	341.310	117.784	303.184	420.968
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	117.784	223.526	341.310	117.784	303.184	420.968
19.Property Rate Component			16.508			16.508
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			357.82			437.48
23.Medicaid Days			3,297			5,019
24.Resident Days			3,297			5,019
25.Medicaid Utilization			100.00%			100.00%
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.36)			(12.53)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			369.52			447.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028533100

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Cape Coral Cluster (Sunrise)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28533100	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,603	6,677	8,280
2. Operating Expenses component			
A. Administration			431,019
B. Plant Operation			223,437
C. Laundry			1,405
D. Housekeeping			72,786
E. Operating Expense Component & Per Diem	88.0008	88.0008	728,647
3. Resident Care			
A. Dietary			145,128
B. Other			125,407
C. Nursing			443,167
D. Resident Care & Per Diem	86.1959	86.1959	713,702
4. Prop Exp & Per Diem	25.5728	25.5728	211,743
5. ROE/Use Per Diem	3.4884	3.4884	28,884

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	801.50	6,677.00	7,478.50
3. Staffing Percent	0.1072	0.8928	1.0000
4. Allocation of Direct Care	124,947.08	1,040,887.92	1,165,835.00
5. Direct Care Expense Per Diem	77.9458	155.8916	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,603	6,677	8,280
2. Additional Services	18,405	76,661	95,066
3. Additional Services Exp & Per Diem	11.4816	11.4814	

D. Medicaid Per Diem Cost

1. Operating Component	88.0008	88.0008	728,647
2. Resident Care Component	175.6233	253.5689	1,974,603
3. Property Cost Component	25.5728	25.5728	211,743
4. ROE/Use Allow Component	3.4884	3.4884	28,884
5. Total Cost Per Diem	292.6853	370.6309	2,943,877

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100
FYE: 06/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	86.1959	86.1959	A3D Allowable Resident Care Exp	713,702		713,702
B5 Allocation of D/C Expenses	77.9458	155.8916	B4 Allocation of D/C Expenses	1,165,835		1,165,835
C3 Additional Services per Diem	11.4816	11.4814	C2 Additional Services per Diem	95,066		95,066
Total Resident Care Component	175.6233	253.5689	Total Resident Care Component	1,974,603		1,974,603

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028533100 - 2017/07

RI: 322.91

NM: 406.65

Cape Coral Cluster (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	81.271	178.147	259.418	81.271	260.167	341.439
2.Inflate Line 1 by Inflation Factor 1.02603478	83.387	182.785	266.172	83.387	266.941	350.328
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	84.234	184.640	268.874	84.234	269.650	353.884
4.Current Period Cost	88.001	175.623	263.624	88.001	253.569	341.570
5.Incentive Basis (line 3 - line 4)	0.000	9.017		0.000	16.081	
6.Allowed Current Period Costs (Min of line 3 or 4)	84.234	175.623	259.857	84.234	253.569	337.803
7.Incentive Line 5 x Oper 50% Res 50%	0.000	4.508	4.508	0.000	8.041	8.041
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	5.269	5.269	0.000	7.607	7.607
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.508	4.508	0.000	7.607	7.607
10.Final Incentive	0.000	4.508	4.508	0.000	7.607	7.607
11.Current Period Base: (line 6 + line 10)	84.234	180.132	264.365	84.234	261.176	345.410
12.Plus: Property Rate Component			25.573			25.573
13.Plus: ROE/Use Rate			3.488			3.488
14.Total Current Period Base			293.426			374.471
15.Prospective Rate: Line 11 x Inflation 1.06230530	89.482	191.355	280.837	89.482	277.449	366.930
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	89.482	191.355	280.837	89.482	277.449	366.930
19.Property Rate Component			25.573			25.573
20.ROE Component + ROE Interim Component			3.488			3.488
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			309.90			395.99
23.Medicaid Days		1,603			6,677	
24.Resident Days		1,603			6,677	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.05)			(11.40)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			322.91			406.65



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2017/07
RI:251.40 / NM:280.03

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

Squire Court Community Home (Res-Care)

95 Squire Court
Dunedin, FL 34698

Provider Type: ICF/IID

Provider Number: 028536600

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>245.28</u>	<u>251.40</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>273.45</u>	<u>280.03</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

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

028536600

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Squire Court Community Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28536600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	850	1,011	1,861
2. Operating Expenses component			
A. Administration			96,140
B. Plant Operation			26,580
C. Laundry			665
D. Housekeeping			2,371
E. Operating Expense Component & Per Diem	67.5744	67.5744	125,756
3. Resident Care			
A. Dietary			19,710
B. Other			0
C. Nursing			17,347
D. Resident Care & Per Diem	19.9124	19.9124	37,057
4. Prop Exp & Per Diem	16.1634	16.1634	30,080
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	637.50	1,011.00	1,648.50
3. Staffing Percent	0.3867	0.6133	1.0000
4. Allocation of Direct Care	89,694.34	142,244.66	231,939.00
5. Direct Care Expense Per Diem	105.5227	140.6970	

C. Additional Services Expense

1. Medicaid Inpatient Days	850	1,011	1,861
2. Additional Services	48,235	57,382	105,617
3. Additional Services Exp & Per Diem	56.7471	56.7577	

D. Medicaid Per Diem Cost

1. Operating Component	67.5744	67.5744	125,756
2. Resident Care Component	182.1822	217.3671	374,613
3. Property Cost Component	16.1634	16.1634	30,080
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	265.9200	301.1049	530,449

Resident Care Component Per-Diem Calculation

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

Provider Number: 28536600
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		19.9124	19.9124	A3D Allowable Resident Care Exp		37,057	
B5 Allocation of D/C Expenses		105.5227	140.6970	B4 Allocation of D/C Expenses		231,939	
C3 Additional Services per Diem		56.7471	56.7577	C2 Additional Services per Diem		105,617	
Total Resident Care Component		182.1822	217.3671	Total Resident Care Component		374,613	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028536600 - 2017/07

RI: 251.40

NM: 280.03

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Squire Court Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	43.563	156.452	200.015	43.563	183.190	226.753
2.Inflate Line 1 by Inflation Factor 1.02603478	44.697	160.525	205.222	44.697	187.960	232.656
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	45.150	162.155	207.305	45.150	189.867	235.018
4.Current Period Cost	67.574	182.182	249.757	67.574	217.367	284.942
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)	45.150	162.155	207.305	45.150	189.867	235.018
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)	45.150	162.155	207.305	45.150	189.867	235.018
12.Plus: Property Rate Component			16.163			16.163
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			223.468			251.181
15.Prospective Rate: Line 11 x Inflation 1.06230530	47.963	172.258	220.221	47.963	201.697	249.660
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	47.963	172.258	220.221	47.963	201.697	249.660
19.Property Rate Component			16.163			16.163
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			236.38			265.82
23.Medicaid Days		850			1,011	
24.Resident Days		850			1,011	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(7.05)			(7.85)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			251.40			280.03



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

028537400 - 2017/07
RI:264.89 / NM:0.00

**Bayview Community Home
 (Res-Care)**

3438 S.R. 580
 Safety Harbor, FL 34695

Provider Type: ICF/IID

Provider Number: 028537400

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.93</u>	<u>264.89</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Res-Care, Inc.

10140 Linn Station Road

Louisville, KY 40223

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028537400

ICF/IID Profile Sheet
Rate Period(s) 07/2017 to 7/2017

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28537400	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			93,907
B. Plant Operation			22,400
C. Laundry			566
D. Housekeeping			3,136
E. Operating Expense Component & Per Diem	54.6489		120,009
3. Resident Care			
A. Dietary			20,394
B. Other			0
C. Nursing			18,479
D. Resident Care & Per Diem	17.7017		38,873
4. Prop Exp & Per Diem	16.8871		37,084
5. ROE/Use Per Diem	0.6075		1,334

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	209,364.00	0.00	209,364.00
5. Direct Care Expense Per Diem	95.3388	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	112,861	0	112,861
3. Additional Services Exp & Per Diem	51.3939	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	54.6489	0.0000	120,009
2. Resident Care Component	164.4344	0.0000	361,098
3. Property Cost Component	16.8871	0.0000	37,084
4. ROE/Use Allow Component	0.6075	0.0000	1,334
5. Total Cost Per Diem	236.5779	0.0000	519,525

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400
FYE: 06/30/2016

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	17.7017	0.0000	A3D Allowable Resident Care Exp			38,873
B5 Allocation of D/C Expenses	95.3388	0.0000	B4 Allocation of D/C Expenses			209,364
C3 Additional Services per Diem	51.3939	0.0000	C2 Additional Services per Diem			112,861
Total Resident Care Component	164.4344	0.0000	Total Resident Care Component			361,098

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028537400 - 2017/07

RI: 264.89

NM: 0.00

Bayview Community Home (Res-Care)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	47.996	173.815	221.810	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	49.245	178.340	227.585	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	49.745	180.150	229.895	0.000	0.000	0.000
4.Current Period Cost	54.649	164.434	219.083	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.000	15.715		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	49.745	164.434	214.179	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.000	7.858	7.858	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.933	4.933	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.933	4.933	0.000	0.000	0.000
10.Final Incentive	0.000	4.933	4.933	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	49.745	169.367	219.112	0.000	0.000	0.000
12.Plus: Property Rate Component			16.887			0.000
13.Plus: ROE/Use Rate			0.608			0.000
14.Total Current Period Base			236.607			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.06230530	52.844	179.920	232.764	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	52.844	179.920	232.764	0.000	0.000	0.000
19.Property Rate Component			16.887			0.000
20.ROE Component + ROE Interim Component			0.608			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			250.26			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(7.43)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			264.89			0.00



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

028539100 - 2017/07
RI:414.16 / NM:500.61

Hendricks

95146 Hendricks Rd, Bldg D
 Fernandina Beach, FL 32034-1474

Provider Type: ICF/IID

Provider Number: 028539100

Date: 7/18/2017

FYE: 5/31/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	418.82	414.16	7/1/2017
#8 Non-Ambulatory & #9 Medical	503.87	500.61	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Care Centers of Nassau, LLC

95146 Hendricks Road

Fernandina Beach, FL 32034

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028539100

ICF/IID Profile Sheet
Rate Period(s) 07/2017 to 7/2017

Provider Name: Hendricks	Cost Report Entered By : Falk, Rebekah
Provider Number: 28539100	Rate Semester : July, 2017
Audit Status: Unaudited Costs	Cost Report : 6/1/2015 - 5/31/2016
Date: 7/20/2017	Days In Reporting Period: 366
	Number of Beds: 24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,464	7,159	8,623
2. Operating Expenses component			
A. Administration			569,101
B. Plant Operation			351,517
C. Laundry			42,161
D. Housekeeping			70,676
E. Operating Expense Component & Per Diem	119.8487	119.8487	1,033,455
3. Resident Care			
A. Dietary			318,749
B. Other			0
C. Nursing			387,836
D. Resident Care & Per Diem	81.9419	81.9419	706,585
4. Prop Exp & Per Diem	62.0966	62.0966	535,459
5. ROE/Use Per Diem	3.3739	3.3739	29,093

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	732.00	7,159.00	7,891.00
3. Staffing Percent	0.0928	0.9072	1.0000
4. Allocation of Direct Care	118,557.66	1,159,500.34	1,278,058.00
5. Direct Care Expense Per Diem	80.9820	161.9640	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,464	7,159	8,623
2. Additional Services	48,621	237,757	286,378
3. Additional Services Exp & Per Diem	33.2111	33.2109	

D. Medicaid Per Diem Cost

1. Operating Component	119.8487	119.8487	1,033,455
2. Resident Care Component	196.1350	277.1168	2,271,021
3. Property Cost Component	62.0966	62.0966	535,459
4. ROE/Use Allow Component	3.3739	3.3739	29,093
5. Total Cost Per Diem	381.4542	462.4360	3,869,028

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
FYE: 05/31/2016

		R/I & N/M Days				TOTALS
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		81.9419	81.9419	A3D Allowable Resident Care Exp		706,585
B5 Allocation of D/C Expenses		80.9820	161.9640	B4 Allocation of D/C Expenses		1,278,058
C3 Additional Services per Diem		33.2111	33.2109	C2 Additional Services per Diem		286,378
Total Resident Care Component		196.1350	277.1168	Total Resident Care Component		2,271,021

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028539100 - 2017/07

RI: 414.16

NM: 500.61

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Hendricks

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2015	5/31/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2014	5/31/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	137.306	180.088	317.393	137.306	260.641	397.947
2. Inflate Line 1 by Inflation Factor 1.02587702	140.859	184.748	325.606	140.859	267.386	408.244
3. Line 1 X 1.4000 X Inflation Factor 1.03622783	142.280	186.612	328.892	142.280	270.084	412.364
4. Current Period Cost	119.849	196.135	315.984	119.849	277.117	396.966
5. Incentive Basis (line 3 - line 4)	22.431	0.000		22.431	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	119.849	186.612	306.460	119.849	270.084	389.932
7. Incentive Line 5 x Oper 50% Res 50%	11.216	0.000	11.216	11.216	0.000	11.216
8. Incentive - Line 4 x Oper 10% Res 3%	11.985	0.000	11.985	11.985	0.000	11.985
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	11.216	0.000	11.216	11.216	0.000	11.216
10. Final Incentive	11.216	0.000	11.216	11.216	0.000	11.216
11. Current Period Base: (line 6 + line 10)	131.064	186.612	317.676	131.064	270.084	401.148
12. Plus: Property Rate Component			62.097			62.097
13. Plus: ROE/Use Rate			3.374			3.374
14. Total Current Period Base			383.147			466.618
15. Prospective Rate: Line 11 x Inflation 1.06472365	139.547	198.690	338.237	139.547	287.564	427.112
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	139.547	198.690	338.237	139.547	287.564	427.112
19. Property Rate Component			62.097			62.097
20. ROE Component + ROE Interim Component			3.374			3.374
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			403.71			492.58
23. Medicaid Days		1,464			7,159	
24. Resident Days		1,464			7,159	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(11.61)			(14.03)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			414.16			500.61



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028541200

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Twin Lane Community Home (Res-Care)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28541200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,098	1,098	2,196
2. Operating Expenses component			
A. Administration			92,939
B. Plant Operation			24,947
C. Laundry			431
D. Housekeeping			2,943
E. Operating Expense Component & Per Diem	55.2186	55.2186	121,260
3. Resident Care			
A. Dietary			19,813
B. Other			0
C. Nursing			16,143
D. Resident Care & Per Diem	16.3734	16.3734	35,956
4. Prop Exp & Per Diem	18.0087	18.0087	39,547
5. ROE/Use Per Diem	0.7878	0.7878	1,730
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	823.50	1,098.00	1,921.50
3. Staffing Percent	0.4286	0.5714	1.0000
4. Allocation of Direct Care	98,460.86	131,281.14	229,742.00
5. Direct Care Expense Per Diem	89.6729	119.5639	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,098	1,098	2,196
2. Additional Services	62,042	62,042	124,084
3. Additional Services Exp & Per Diem	56.5046	56.5046	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	55.2186	55.2186	121,260
2. Resident Care Component	162.5509	192.4419	389,782
3. Property Cost Component	18.0087	18.0087	39,547
4. ROE/Use Allow Component	0.7878	0.7878	1,730
5. Total Cost Per Diem	236.5660	266.4570	552,319

Resident Care Component Per-Diem Calculation

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

Provider Number: 28541200
FYE: 06/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		16.3734	16.3734	A3D Allowable Resident Care Exp		35,956
B5 Allocation of D/C Expenses		89.6729	119.5639	B4 Allocation of D/C Expenses		229,742
C3 Additional Services per Diem		56.5046	56.5046	C2 Additional Services per Diem		124,084
Total Resident Care Component		162.5509	192.4419	Total Resident Care Component		389,782

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028541200 - 2017/07

RI: 261.32

NM: 293.13

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Twin Lane Community Home (Res-Care)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.346	179.191	224.537	45.346	214.303	259.649
2.Inflate Line 1 by Inflation Factor 1.02603478	46.527	183.856	230.383	46.527	219.882	266.409
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	46.999	185.722	232.721	46.999	222.114	269.113
4.Current Period Cost	55.219	162.551	217.770	55.219	192.442	247.661
5.Incentive Basis (line 3 - line 4)	0.000	23.171		0.000	29.672	
6.Allowed Current Period Costs (Min of line 3 or 4)	46.999	162.551	209.550	46.999	192.442	239.441
7.Incentive Line 5 x Oper 50% Res 50%	0.000	11.586	11.586	0.000	14.836	14.836
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.877	4.877	0.000	5.773	5.773
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	4.877	4.877	0.000	5.773	5.773
10.Final Incentive	0.000	4.877	4.877	0.000	5.773	5.773
11.Current Period Base: (line 6 + line 10)	46.999	167.427	214.426	46.999	198.215	245.214
12.Plus: Property Rate Component			18.009			18.009
13.Plus: ROE/Use Rate			0.788			0.788
14.Total Current Period Base			233.223			264.011
15.Prospective Rate: Line 11 x Inflation 1.06230530	49.927	177.859	227.786	49.927	210.565	260.492
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	49.927	177.859	227.786	49.927	210.565	260.492
19.Property Rate Component			18.009			18.009
20.ROE Component + ROE Interim Component			0.788			0.788
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			246.58			279.29
23.Medicaid Days		1,098			1,098	
24.Resident Days		1,098			1,098	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(7.33)			(8.22)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			261.32			293.13



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028547100

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28547100	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			60,111
B. Plant Operation			18,874
C. Laundry			350
D. Housekeeping			2,447
E. Operating Expense Component & Per Diem	37.2413		81,782
3. Resident Care			
A. Dietary			18,894
B. Other			35,733
C. Nursing			28,209
D. Resident Care & Per Diem	37.7213		82,836
4. Prop Exp & Per Diem	11.5856		25,442
5. ROE/Use Per Diem	0.3470		762

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	262,842.00	0.00	262,842.00
5. Direct Care Expense Per Diem	119.6913	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	1,154	0	1,154
3. Additional Services Exp & Per Diem	0.5255	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	37.2413	0.0000	81,782
2. Resident Care Component	157.9381	0.0000	346,832
3. Property Cost Component	11.5856	0.0000	25,442
4. ROE/Use Allow Component	0.3470	0.0000	762
5. Total Cost Per Diem	207.1120	0.0000	454,818

Resident Care Component Per-Diem Calculation

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

Provider Number: 28547100

FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		37.7213	0.0000	A3D Allowable Resident Care Exp	82,836
B5 Allocation of D/C Expenses		119.6913	0.0000	B4 Allocation of D/C Expenses	262,842
C3 Additional Services per Diem		0.5255	0.0000	C2 Additional Services per Diem	1,154
Total Resident Care Component		157.9381	0.0000	Total Resident Care Component	346,832

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028547100 - 2017/07

RI: 214.16

NM: 276.62

62nd Place Grp Home #17 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	36.010	133.121	169.131	36.010	0.000	36.010
2. Inflate Line 1 by Inflation Factor 1.02603478	36.948	136.586	173.534	36.948	0.000	36.948
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	37.323	137.973	175.295	37.323	0.000	37.323
4. Current Period Cost	37.241	157.938	195.179	32.737	193.658	226.395
5. Incentive Basis (line 3 - line 4)	0.081	0.000		4.586	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	37.241	137.973	175.214	32.737	193.658	226.395
7. Incentive Line 5 x Oper 50% Res 50%	0.041	0.000	0.041	2.293	0.000	2.293
8. Incentive - Line 4 x Oper 10% Res 3%	3.724	0.000	3.724	3.274	0.000	3.274
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.041	0.000	0.041	2.293	0.000	2.293
10. Final Incentive	0.041	0.000	0.041	2.293	0.000	2.293
11. Current Period Base: (line 6 + line 10)	37.282	137.973	175.255	35.030	193.658	228.688
12. Plus: Property Rate Component			11.586			11.586
13. Plus: ROE/Use Rate			0.347			0.035
14. Total Current Period Base			187.187			240.309
15. Prospective Rate: Line 11 x Inflation 1.06230530	39.605	146.569	186.174	37.212	205.724	242.936
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	39.605	146.569	186.174	37.212	205.724	242.936
19. Property Rate Component			11.586			11.586
20. ROE Component + ROE Interim Component			0.347			0.035
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			198.11			254.56
23. Medicaid Days		2,196			0	
24. Resident Days		2,196			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.00)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			214.16			276.62



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028548000 - 2017/07
RI:238.24 / NM:279.27

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

138th Court Grp Home #16
(Sunrise)

3210 S.W. 138th Court
Miami, FL 33175

Provider Type: ICF/IID

Provider Number: 028548000

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>239.94</u>	<u>238.24</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>282.60</u>	<u>279.27</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028548000

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28548000	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,057	1,032	2,089
2. Operating Expenses component			
A. Administration			61,706
B. Plant Operation			24,000
C. Laundry			106
D. Housekeeping			1,792
E. Operating Expense Component & Per Diem	41.9359	41.9359	87,604
3. Resident Care			
A. Dietary			14,386
B. Other			33,326
C. Nursing			310
D. Resident Care & Per Diem	22.9880	22.9880	48,022
4. Prop Exp & Per Diem	15.7372	15.7372	32,875
5. ROE/Use Per Diem	0.4964	0.4964	1,037

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	792.75	1,032.00	1,824.75
3. Staffing Percent	0.4344	0.5656	1.0000
4. Allocation of Direct Care	122,257.49	159,154.51	281,412.00
5. Direct Care Expense Per Diem	115.6646	154.2195	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,057	1,032	2,089
2. Additional Services	9,995	9,759	19,754
3. Additional Services Exp & Per Diem	9.4560	9.4564	

D. Medicaid Per Diem Cost

1. Operating Component	41.9359	41.9359	87,604
2. Resident Care Component	148.1086	186.6639	349,188
3. Property Cost Component	15.7372	15.7372	32,875
4. ROE/Use Allow Component	0.4964	0.4964	1,037
5. Total Cost Per Diem	206.2781	244.8334	470,704

Resident Care Component Per-Diem Calculation

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

Provider Number: 28548000
FYE: 06/30/2016

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		22.9880	22.9880	A3D Allowable Resident Care Exp	
B5 Allocation of D/C Expenses		115.6646	154.2195	B4 Allocation of D/C Expenses	
C3 Additional Services per Diem		9.4560	9.4564	C2 Additional Services per Diem	
Total Resident Care Component		148.1086	186.6639	Total Resident Care Component	

TOTALS
48,022
281,412
19,754
349,188

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

028548000 - 2017/07

RI: 238.24

NM: 279.27

Rates Effective 07/01/2017 through 06/30/2018

138th Court Grp Home #16 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	40.495	152.578	193.072	40.495	193.070	233.565
2.Inflate Line 1 by Inflation Factor 1.02603478	41.549	156.550	198.099	41.549	198.097	239.646
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	41.970	158.139	200.109	41.970	200.107	242.078
4.Current Period Cost	41.936	148.109	190.045	41.936	186.664	228.600
5.Incentive Basis (line 3 - line 4)	0.035	10.030		0.035	13.443	
6.Allowed Current Period Costs (Min of line 3 or 4)	41.936	148.109	190.045	41.936	186.664	228.600
7.Incentive Line 5 x Oper 50% Res 50%	0.017	5.015	5.032	0.017	6.722	6.739
8.Incentive - Line 4 x Oper 10% Res 3%	4.194	4.443	8.637	4.194	5.600	9.794
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.017	4.443	4.461	0.017	5.600	5.617
10.Final Incentive	0.017	4.443	4.461	0.017	5.600	5.617
11.Current Period Base: (line 6 + line 10)	41.953	152.552	194.505	41.953	192.264	234.217
12.Plus: Property Rate Component			15.737			15.737
13.Plus: ROE/Use Rate			0.496			0.496
14.Total Current Period Base			210.739			250.451
15.Prospective Rate: Line 11 x Inflation 1.06230530	44.567	162.057	206.624	44.567	204.243	248.810
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	44.567	162.057	206.624	44.567	204.243	248.810
19.Property Rate Component			15.737			15.737
20.ROE Component + ROE Interim Component			0.496			0.496
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			222.86			265.04
23.Medicaid Days		1,057			1,032	
24.Resident Days		1,057			1,032	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(6.68)			(7.83)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			238.24			279.27



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Profile Sheet

028552800

Rate Period(s) 07/2017 to 7/2017

Provider Name:	26th Terrace Grp Home #12 (Sunrise)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28552800	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			75,961
B. Plant Operation			26,506
C. Laundry			212
D. Housekeeping			3,813
E. Operating Expense Component & Per Diem	48.4936	48.4936	106,492
3. Resident Care			
A. Dietary			17,653
B. Other			32,341
C. Nursing			0
D. Resident Care & Per Diem	22.7659	22.7659	49,994
4. Prop Exp & Per Diem	14.0865	14.0865	30,934
5. ROE/Use Per Diem	0.9882	0.9882	2,170

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	161,319.00	107,546.00	268,865.00
5. Direct Care Expense Per Diem	110.1906	146.9208	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	10,954	5,477	16,431
3. Additional Services Exp & Per Diem	7.4822	7.4822	

D. Medicaid Per Diem Cost

1. Operating Component	48.4936	48.4936	106,492
2. Resident Care Component	140.4387	177.1689	335,290
3. Property Cost Component	14.0865	14.0865	30,934
4. ROE/Use Allow Component	0.9882	0.9882	2,170
5. Total Cost Per Diem	204.0070	240.7372	474,886

Resident Care Component Per-Diem Calculation

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

Provider Number: 28552800
FYE: 06/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	22.7659	22.7659		A3D Allowable Resident Care Exp	49,994	
B5 Allocation of D/C Expenses	110.1906	146.9208		B4 Allocation of D/C Expenses	268,865	
C3 Additional Services per Diem	7.4822	7.4822		C2 Additional Services per Diem	16,431	
Total Resident Care Component	140.4387	177.1689		Total Resident Care Component	335,290	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028552800 - 2017/07

RI: 230.78

NM: 268.99

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

26th Terrace Grp Home #12 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	45.973	136.053	182.026	45.973	171.968	217.941
2.Inflate Line 1 by Inflation Factor 1.02603478	47.170	139.595	186.765	47.170	176.445	223.615
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	47.649	141.012	188.660	47.649	178.235	225.884
4.Current Period Cost	48.494	140.439	188.932	48.494	177.169	225.663
5.Incentive Basis (line 3 - line 4)	0.000	0.573		0.000	1.067	
6.Allowed Current Period Costs (Min of line 3 or 4)	47.649	140.439	188.087	47.649	177.169	224.818
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.286	0.286	0.000	0.533	0.533
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	4.213	4.213	0.000	5.315	5.315
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.286	0.286	0.000	0.533	0.533
10.Final Incentive	0.000	0.286	0.286	0.000	0.533	0.533
11.Current Period Base: (line 6 + line 10)	47.649	140.725	188.374	47.649	177.702	225.351
12.Plus: Property Rate Component			14.087			14.087
13.Plus: ROE/Use Rate			0.988			0.988
14.Total Current Period Base			203.449			240.426
15.Prospective Rate: Line 11 x Inflation 1.06230530	50.618	149.493	200.111	50.618	188.774	239.392
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	50.618	149.493	200.111	50.618	188.774	239.392
19.Property Rate Component			14.087			14.087
20.ROE Component + ROE Interim Component			0.988			0.988
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			215.19			254.47
23.Medicaid Days		1,464			732	
24.Resident Days		1,464			732	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(6.47)			(7.54)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			230.78			268.99



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

028553600 - 2017/07
RI:289.10 / NM:0.00

**Country Meadows Grp Home
 #13 (Sunrise)**

1950 Country Meadows Circle
 Sarasota, FL 34235

Provider Type: ICF/IID

Provider Number: 028553600

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	289.67	289.10	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:	
Interim	Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Prospective Adjusted for New Cost
_____ Settlement Based on Costs	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028553600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Country Meadows Grp Home #13 (Sunrise)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28553600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,160	0	2,160
2. Operating Expenses component			
A. Administration			84,879
B. Plant Operation			23,806
C. Laundry			440
D. Housekeeping			1,527
E. Operating Expense Component & Per Diem	51.2278		110,652
3. Resident Care			
A. Dietary			21,377
B. Other			46,739
C. Nursing			0
D. Resident Care & Per Diem	31.5352		68,116
4. Prop Exp & Per Diem	15.3699		33,199
5. ROE/Use Per Diem	0.4560		985

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,620.00	0.00	1,620.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	340,257.00	0.00	340,257.00
5. Direct Care Expense Per Diem	157.5264	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,160	0	2,160
2. Additional Services	16,966	0	16,966
3. Additional Services Exp & Per Diem	7.8546	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	51.2278	0.0000	110,652
2. Resident Care Component	196.9162	0.0000	425,339
3. Property Cost Component	15.3699	0.0000	33,199
4. ROE/Use Allow Component	0.4560	0.0000	985
5. Total Cost Per Diem	263.9699	0.0000	570,175

Resident Care Component Per-Diem Calculation

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

Provider Number: 28553600
FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	31.5352	0.0000		A3D Allowable Resident Care Exp	68,116
B5 Allocation of D/C Expenses	157.5264	0.0000		B4 Allocation of D/C Expenses	340,257
C3 Additional Services per Diem	7.8546	0.0000		C2 Additional Services per Diem	16,966
Total Resident Care Component	196.9162	0.0000		Total Resident Care Component	425,339

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028553600 - 2017/07

RI: 289.10

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Country Meadows Grp Home #13 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	57.048	182.291	239.339	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	58.534	187.037	245.571	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	59.128	188.935	248.063	0.000	0.000	0.000
4.Current Period Cost	51.228	196.916	248.144	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	7.900	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	51.228	188.935	240.163	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	3.950	0.000	3.950	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	5.123	0.000	5.123	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.950	0.000	3.950	0.000	0.000	0.000
10.Final Incentive	3.950	0.000	3.950	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	55.178	188.935	244.113	0.000	0.000	0.000
12.Plus: Property Rate Component			15.370			0.000
13.Plus: ROE/Use Rate			0.456			0.000
14.Total Current Period Base			259.939			0.000
15.Prospective Rate: Line 11 x Inflation 1.06230530	58.616	200.707	259.323	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	58.616	200.707	259.323	0.000	0.000	0.000
19.Property Rate Component			15.370			0.000
20.ROE Component + ROE Interim Component			0.456			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			275.15			0.00
23.Medicaid Days		2,160			0	
24.Resident Days		2,160			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(8.11)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			289.10			0.00



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

028557900 - 2017/07
RI:222.46 / NM:0.00

**148th Court Grp Home #20
 (Sunrise)**

5436 S.W. 148th Court
 Miami, FL 33185

Provider Type: ICF/IID

Provider Number: 028557900

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>221.74</u>	<u>222.46</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028557900

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28557900	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,173	0	2,173
2. Operating Expenses component			
A. Administration			53,924
B. Plant Operation			22,818
C. Laundry			124
D. Housekeeping			1,472
E. Operating Expense Component & Per Diem	36.0506		78,338
3. Resident Care			
A. Dietary			14,695
B. Other			62,264
C. Nursing			961
D. Resident Care & Per Diem	35.8583		77,920
4. Prop Exp & Per Diem	10.6332		23,106
5. ROE/Use Per Diem	0.2181		474

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,629.75	0.00	1,629.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	229,685.00	0.00	229,685.00
5. Direct Care Expense Per Diem	105.6995	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,173	0	2,173
2. Additional Services	11,397	0	11,397
3. Additional Services Exp & Per Diem	5.2448	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	36.0506	0.0000	78,338
2. Resident Care Component	146.8026	0.0000	319,002
3. Property Cost Component	10.6332	0.0000	23,106
4. ROE/Use Allow Component	0.2181	0.0000	474
5. Total Cost Per Diem	193.7045	0.0000	420,920

Resident Care Component Per-Diem Calculation

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

Provider Number: 28557900
FYE: 06/30/2016

		No N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	35.8583	0.0000		A3D Allowable Resident Care Exp		77,920
B5 Allocation of D/C Expenses	105.6995	0.0000		B4 Allocation of D/C Expenses		229,685
C3 Additional Services per Diem	5.2448	0.0000		C2 Additional Services per Diem		11,397
Total Resident Care Component	146.8026	0.0000		Total Resident Care Component		319,002

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028557900 - 2017/07

RI: 222.46

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

148th Court Grp Home #20 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	38.895	140.981	179.876	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	39.908	144.651	184.559	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	40.313	146.119	186.432	0.000	0.000	0.000
4.Current Period Cost	36.051	146.803	182.853	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	4.262	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	36.051	146.119	182.170	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	2.131	0.000	2.131	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.605	0.000	3.605	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.131	0.000	2.131	0.000	0.000	0.000
10.Final Incentive	2.131	0.000	2.131	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	38.182	146.119	184.301	0.000	0.000	0.000
12.Plus: Property Rate Component			10.633			0.000
13.Plus: ROE/Use Rate			0.218			0.000
14.Total Current Period Base			195.152			0.000
15.Pro prospective Rate: Line 11 x Inflation 1.06230530	40.561	155.223	195.784	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	40.561	155.223	195.784	0.000	0.000	0.000
19.Property Rate Component			10.633			0.000
20.ROE Component + ROE Interim Component			0.218			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			206.64			0.00
23.Medicaid Days		2,173			0	
24.Resident Days		2,173			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(6.24)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			222.46			0.00



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

028558700 - 2017/07
RI:228.90 / NM:0.00

Sunrise Oakmont
 19420 W. Oakmont Drive
 Miami Lakes, FL 33015

Provider Number: 028558700
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	226.48	228.90	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028558700

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Robinson, Nairobi
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,136	0	2,136
2. Operating Expenses component			
A. Administration			57,102
B. Plant Operation			24,194
C. Laundry			550
D. Housekeeping			2,045
E. Operating Expense Component & Per Diem	39.2748		83,891
3. Resident Care			
A. Dietary			20,992
B. Other			43,230
C. Nursing			756
D. Resident Care & Per Diem	30.4204		64,978
4. Prop Exp & Per Diem	14.9040		31,835
5. ROE/Use Per Diem	0.4387		937

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,602.00	0.00	1,602.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	256,538.00	0.00	256,538.00
5. Direct Care Expense Per Diem	120.1021	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,136	0	2,136
2. Additional Services	1,831	0	1,831
3. Additional Services Exp & Per Diem	0.8572	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	39.2748	0.0000	83,891
2. Resident Care Component	151.3797	0.0000	323,347
3. Property Cost Component	14.9040	0.0000	31,835
4. ROE/Use Allow Component	0.4387	0.0000	937
5. Total Cost Per Diem	205.9972	0.0000	440,010

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	30.4204	0.0000		A3D Allowable Resident Care Exp	64,978
B5 Allocation of D/C Expenses	120.1021	0.0000		B4 Allocation of D/C Expenses	256,538
C3 Additional Services per Diem	0.8572	0.0000		C2 Additional Services per Diem	1,831
Total Resident Care Component	151.3797	0.0000		Total Resident Care Component	323,347

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028558700 - 2017/07

RI: 228.90

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Sunrise Oakmont

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.662	140.981	180.643	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	40.694	144.651	185.346	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	41.107	146.120	187.227	0.000	0.000	0.000
4.Current Period Cost	39.275	151.380	190.655	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	1.832	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.275	146.120	185.394	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.916	0.000	0.916	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.927	0.000	3.927	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.916	0.000	0.916	0.000	0.000	0.000
10.Final Incentive	0.916	0.000	0.916	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	40.191	146.120	186.311	0.000	0.000	0.000
12.Plus: Property Rate Component			14.904			0.000
13.Plus: ROE/Use Rate			0.439			0.000
14.Total Current Period Base			201.653			0.000
15.Prospective Rate: Line 11 x Inflation 1.06230530	42.695	155.224	197.919	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	42.695	155.224	197.919	0.000	0.000	0.000
19.Property Rate Component			14.904			0.000
20.ROE Component + ROE Interim Component			0.439			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			213.26			0.00
23.Medicaid Days		2,136			0	
24.Resident Days		2,136			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(6.42)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			228.90			0.00



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

028559500 - 2017/07
RI:237.73 / NM:0.00

**53rd Court Grp Home #9
 (Sunrise)**

10228 S.W. 53rd Court
 Cooper City, FL 33328

Provider Type: ICF/IID

Provider Number: 028559500

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	237.53	237.73	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:	
Interim	Prospective
_____ Total Interim	_____ Total Prospective
_____ Interim Component	_____ Prospective Adjusted for New Cost
_____ Settlement Based on Costs	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028559500

ICF/IID Profile Sheet
Rate Period(s) 07/2017 to 7/2017

Provider Name:	53rd Court Grp Home #9 (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28559500	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			67,573
B. Plant Operation			22,686
C. Laundry			1,095
D. Housekeeping			3,163
E. Operating Expense Component & Per Diem	43.0405		94,517
3. Resident Care			
A. Dietary			23,588
B. Other			36,188
C. Nursing			6,675
D. Resident Care & Per Diem	30.2600		66,451
4. Prop Exp & Per Diem	11.4709		25,190
5. ROE/Use Per Diem	0.6293		1,382

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	310,169.00	0.00	310,169.00
5. Direct Care Expense Per Diem	141.2427	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	1,685	0	1,685
3. Additional Services Exp & Per Diem	0.7673	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	43.0405	0.0000	94,517
2. Resident Care Component	172.2700	0.0000	378,305
3. Property Cost Component	11.4709	0.0000	25,190
4. ROE/Use Allow Component	0.6293	0.0000	1,382
5. Total Cost Per Diem	227.4107	0.0000	499,394

Resident Care Component Per-Diem Calculation

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

Provider Number: 28559500

FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	30.2600	0.0000		A3D Allowable Resident Care Exp	66,451
B5 Allocation of D/C Expenses	141.2427	0.0000		B4 Allocation of D/C Expenses	310,169
C3 Additional Services per Diem	0.7673	0.0000		C2 Additional Services per Diem	1,685
Total Resident Care Component	172.2700	0.0000		Total Resident Care Component	378,305

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028559500 - 2017/07

RI: 237.73

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

53rd Court Grp Home #9 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	42.335	149.010	191.345	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	43.437	152.890	196.327	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	43.878	154.442	198.319	0.000	0.000	0.000
4.Current Period Cost	43.041	172.270	215.311	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.837	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	43.041	154.442	197.482	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.419	0.000	0.419	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	4.304	0.000	4.304	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.419	0.000	0.419	0.000	0.000	0.000
10.Final Incentive	0.419	0.000	0.419	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	43.459	154.442	197.901	0.000	0.000	0.000
12.Plus: Property Rate Component			11.471			0.000
13.Plus: ROE/Use Rate			0.629			0.000
14.Total Current Period Base			210.001			0.000
15.Prospective Rate: Line 11 x Inflation 1.06230530	46.167	164.064	210.231	0.000	0.000	0.000
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	46.167	164.064	210.231	0.000	0.000	0.000
19.Property Rate Component			11.471			0.000
20.ROE Component + ROE Interim Component			0.629			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			222.33			0.00
23.Medicaid Days		2,196			0	
24.Resident Days		2,196			0	
25.Medicaid Utilization		100.00%			0.00%	
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(6.66)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			237.73			0.00



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028560900 - 2017/07
RI:240.59 / NM:302.75

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

**55th Court Grp Home #15
(Sunrise)**

8430 S.W. 55th Court
Davie, FL 33320

Provider Type: ICF/IID

Provider Number: 028560900

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>235.77</u>	<u>240.59</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>296.91</u>	<u>302.75</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

_____ For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028560900

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	55th Court Grp Home #15 (Sunrise)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28560900	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,904	60	1,964
2. Operating Expenses component			
A. Administration			67,734
B. Plant Operation			22,180
C. Laundry			1,223
D. Housekeeping			1,719
E. Operating Expense Component & Per Diem	47.2790	47.2790	92,856
3. Resident Care			
A. Dietary			16,678
B. Other			31,916
C. Nursing			15,771
D. Resident Care & Per Diem	32.7724	32.7724	64,365
4. Prop Exp & Per Diem	10.0962	10.0962	19,829
5. ROE/Use Per Diem	1.1130	1.1130	2,186

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,428.00	60.00	1,488.00
3. Staffing Percent	0.9597	0.0403	1.0000
4. Allocation of Direct Care	288,854.27	12,136.73	300,991.00
5. Direct Care Expense Per Diem	151.7092	202.2789	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,904	60	1,964
2. Additional Services	1,766	56	1,822
3. Additional Services Exp & Per Diem	0.9275	0.9333	

D. Medicaid Per Diem Cost

1. Operating Component	47.2790	47.2790	92,856
2. Resident Care Component	185.4091	235.9846	367,178
3. Property Cost Component	10.0962	10.0962	19,829
4. ROE/Use Allow Component	1.1130	1.1130	2,186
5. Total Cost Per Diem	243.8973	294.4728	482,049

Resident Care Component Per-Diem Calculation

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

Provider Number: 28560900
FYE: 06/30/2016

		R/I & N/M Days					
		R/I	N/M			TOTALS	
A3D Allowable Resident Care Exp		32.7724	32.7724	A3D Allowable Resident Care Exp		64,365	
B5 Allocation of D/C Expenses		151.7092	202.2789	B4 Allocation of D/C Expenses		300,991	
C3 Additional Services per Diem		0.9275	0.9333	C2 Additional Services per Diem		1,822	
Total Resident Care Component		185.4091	235.9846	Total Resident Care Component		367,178	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028560900 - 2017/07
 RI: 240.59
 NM: 302.75

55th Court Grp Home #15 (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	39.998	154.428	194.426	39.998	212.466	252.464
2. Inflate Line 1 by Inflation Factor 1.02603478	41.039	158.448	199.488	41.039	217.998	259.037
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	41.456	160.057	201.513	41.456	220.210	261.666
4. Current Period Cost	47.279	185.409	232.688	47.279	235.985	283.264
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)	41.456	160.057	201.513	41.456	220.210	261.666
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)	41.456	160.057	201.513	41.456	220.210	261.666
12. Plus: Property Rate Component			10.096			10.096
13. Plus: ROE/Use Rate			1.113			1.113
14. Total Current Period Base			212.722			272.875
15. Prospective Rate: Line 11 x Inflation 1.06230530	44.039	170.029	214.068	44.039	233.931	277.969
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	44.039	170.029	214.068	44.039	233.931	277.969
19. Property Rate Component			10.096			10.096
20. ROE Component + ROE Interim Component			1.113			1.113
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			225.28			289.18
23. Medicaid Days		1,904			60	
24. Resident Days		1,904			60	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.75)			(8.49)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			240.59			302.75



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

028561700 - 2017/07
RI:250.09 / NM:0.00

**Wentworth Drive Grp Home
 #18 (Sunrise)**
 18711 Wentworth Drive
 Miami Lakes, FL 33015

Provider Number: 028561700

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	247.47	250.09	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028561700

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 7/1/2015 - 6/30/2016
 Days In Reporting Period: 366
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,134	0	2,134
2. Operating Expenses component			
A. Administration			61,818
B. Plant Operation			20,306
C. Laundry			697
D. Housekeeping			2,131
E. Operating Expense Component & Per Diem	39.8088		84,952
3. Resident Care			
A. Dietary			18,311
B. Other			37,880
C. Nursing			688
D. Resident Care & Per Diem	26.6537		56,879
4. Prop Exp & Per Diem	11.4578		24,451
5. ROE/Use Per Diem	0.2455		524

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,600.50	0.00	1,600.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	320,393.00	0.00	320,393.00
5. Direct Care Expense Per Diem	150.1373	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,134	0	2,134
2. Additional Services	1,872	0	1,872
3. Additional Services Exp & Per Diem	0.8772	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	39.8088	0.0000	84,952
2. Resident Care Component	177.6682	0.0000	379,144
3. Property Cost Component	11.4578	0.0000	24,451
4. ROE/Use Allow Component	0.2455	0.0000	524
5. Total Cost Per Diem	229.1803	0.0000	489,071

Resident Care Component Per-Diem Calculation

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

Provider Number: 28561700

FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		26.6537	0.0000	A3D Allowable Resident Care Exp	56,879
B5 Allocation of D/C Expenses		150.1373	0.0000	B4 Allocation of D/C Expenses	320,393
C3 Additional Services per Diem		0.8772	0.0000	C2 Additional Services per Diem	1,872
Total Resident Care Component		177.6682	0.0000	Total Resident Care Component	379,144
				TOTALS	

Printed on: 7/20/2017 10:47 AM



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028561700 - 2017/07

RI: 250.09

NM: 0.00

Wentworth Drive Grp Home #18 (Sunrise)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	39.281	163.999	203.280	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02603478	40.304	168.269	208.573	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03644869	40.713	169.977	210.690	0.000	0.000	0.000
4.Current Period Cost	39.809	177.668	217.477	0.000	0.000	0.000
5.Incentive Basis (line 3 - line 4)	0.904	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	39.809	169.977	209.786	0.000	0.000	0.000
7.Incentive Line 5 x Oper 50% Res 50%	0.452	0.000	0.452	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	3.981	0.000	3.981	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.452	0.000	0.452	0.000	0.000	0.000
10.Final Incentive	0.452	0.000	0.452	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	40.261	169.977	210.238	0.000	0.000	0.000
12.Plus: Property Rate Component			11.458			0.000
13.Plus: ROE/Use Rate			0.246			0.000
14.Total Current Period Base			221.941			0.000
15.Prospective Rate: Line 11 x Inflation 1.06230530	42.769	180.567	223.337	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	42.769	180.567	223.337	0.000	0.000	0.000
19.Property Rate Component			11.458			0.000
20.ROE Component + ROE Interim Component			0.246			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			235.04			0.00
23.Medicaid Days			2,134			0
24.Resident Days			2,134			0
25.Medicaid Utilization			100.00%			0.00%
26.Quality Assessment (\$22.06)			22.06			0.00
27.Rate Cut - QAF (.0272709484)			(7.01)			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			250.09			0.00



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

028565000 - 2017/07
RI:328.41 / NM:401.33

Lakeview Court
 920 W. Kennedy Blvd
 Orlando, FL 32810

Provider Number: 028565000
 Date: 7/18/2017
 FYE: 11/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	328.98	328.41	7/1/2017
#8 Non-Ambulatory & #9 Medical	401.09	401.33	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)
 Home Office:
 DSI
 P.O. BOX 2064
 Winter Park, FL 32790

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028565000

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 12/1/2014 - 11/30/2015
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	11,480	11,653	23,133
2. Operating Expenses component			
A. Administration			1,361,241
B. Plant Operation			342,995
C. Laundry			47,271
D. Housekeeping			21,338
E. Operating Expense Component & Per Diem	76.6371	76.6371	1,772,845
3. Resident Care			
A. Dietary			596,841
B. Other			57,498
C. Nursing			901,411
D. Resident Care & Per Diem	67.2524	67.2524	1,555,750
4. Prop Exp & Per Diem	17.7791	17.7791	411,285
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	5,740.00	11,653.00	17,393.00
3. Staffing Percent	0.3300	0.6700	1.0000
4. Allocation of Direct Care	793,763.48	1,611,450.52	2,405,214.00
5. Direct Care Expense Per Diem	69.1432	138.2863	

C. Additional Services Expense

1. Medicaid Inpatient Days	11,480	11,653	23,133
2. Additional Services	688,047	698,415	1,386,462
3. Additional Services Exp & Per Diem	59.9344	59.9344	

D. Medicaid Per Diem Cost

1. Operating Component	76.6371	76.6371	1,772,845
2. Resident Care Component	196.3300	265.4731	5,347,426
3. Property Cost Component	17.7791	17.7791	411,285
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	290.7462	359.8893	7,531,556

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	67.2524	67.2524	A3D Allowable Resident Care Exp		1,555,750	
B5 Allocation of D/C Expenses	69.1432	138.2863	B4 Allocation of D/C Expenses		2,405,214	
C3 Additional Services per Diem	59.9344	59.9344	C2 Additional Services per Diem		1,386,462	
Total Resident Care Component	196.3300	265.4731	Total Resident Care Component		5,347,426	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028565000 - 2017/07

RI: 328.41

NM: 401.33

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Lakeview Court

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited Costs	201607
Prior Cost Report	12/1/2013	11/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.124	191.461	269.585	78.124	258.909	337.034
2.Inflate Line 1 by Inflation Factor 1.02529043	80.100	198.303	276.403	80.100	265.457	345.557
3.Line 1 X 1.4000 X Inflation Factor 1.03540660	80.890	198.240	279.130	80.890	268.076	348.967
4.Current Period Cost	76.637	196.330	272.967	76.637	265.473	342.110
5.Incentive Basis (line 3 - line 4)	4.253	1.910		4.253	2.603	
6.Allowed Current Period Costs (Min of line 3 or 4)	76.637	196.330	272.967	76.637	265.473	342.110
7.Incentive Line 5 x Oper 50% Res 50%	2.127	0.955	3.081	2.127	1.302	3.428
8.Incentive - Line 4 x Oper 10% Res 3%	7.664	5.890	13.554	7.664	7.964	15.628
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	2.127	0.955	3.081	2.127	1.302	3.428
10.Final Incentive	2.127	0.955	3.081	2.127	1.302	3.428
11.Current Period Base: (line 6 + line 10)	78.764	197.285	276.049	78.764	266.775	345.538
12.Plus: Property Rate Component			17.779			17.779
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			293.828			363.318
15.Prospective Rate: Line 11 x Inflation 1.07872530	84.964	212.816	297.781	84.964	287.777	372.741
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	84.964	212.816	297.781	84.964	287.777	372.741
19.Property Rate Component			17.779			17.779
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			315.56			390.52
23.Medicaid Days		11,480			11,653	
24.Resident Days		11,480			11,653	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.21)			(11.25)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			328.41			401.33



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028566800

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 12/1/2014 - 11/30/2015
 Days In Reporting Period: 365
 Number of Beds: 64

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	5,023	17,774	22,797
2. Operating Expenses component			
A. Administration			1,369,628
B. Plant Operation			352,274
C. Laundry			54,373
D. Housekeeping			25,440
E. Operating Expense Component & Per Diem	79.0330	79.0330	1,801,715
3. Resident Care			
A. Dietary			561,101
B. Other			65,060
C. Nursing			881,730
D. Resident Care & Per Diem	66.1443	66.1443	1,507,891
4. Prop Exp & Per Diem	17.1212	17.1212	390,312
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	2,511.50	17,774.00	20,285.50
3. Staffing Percent	0.1238	0.8762	1.0000
4. Allocation of Direct Care	305,203.44	2,159,938.56	2,465,142.00
5. Direct Care Expense Per Diem	60.7612	121.5224	

C. Additional Services Expense

1. Medicaid Inpatient Days	5,023	17,774	22,797
2. Additional Services	293,570	1,038,804	1,332,374
3. Additional Services Exp & Per Diem	58.4452	58.4451	

D. Medicaid Per Diem Cost

1. Operating Component	79.0330	79.0330	1,801,715
2. Resident Care Component	185.3507	246.1118	5,305,407
3. Property Cost Component	17.1212	17.1212	390,312
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	281.5049	342.2660	7,497,434

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800
FYE: 11/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	66.1443	66.1443		A3D Allowable Resident Care Exp		1,507,891
B5 Allocation of D/C Expenses	60.7612	121.5224		B4 Allocation of D/C Expenses		2,465,142
C3 Additional Services per Diem	58.4452	58.4451		C2 Additional Services per Diem		1,332,374
Total Resident Care Component	185.3507	246.1118		Total Resident Care Component		5,305,407

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028566800 - 2017/07

RI: 321.40

NM: 385.53

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Washington Square

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited Costs	201607
Prior Cost Report	12/1/2013	11/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	78.648	187.494	266.143	78.648	246.860	325.508
2.Inflate Line 1 by Inflation Factor 1.02529043	80.637	192.236	272.874	80.637	253.103	333.740
3.Line 1 X 1.4000 X Inflation Factor 1.03540660	81.433	194.133	275.566	81.433	255.600	337.033
4.Current Period Cost	79.033	185.351	264.384	79.033	246.112	325.145
5.Incentive Basis (line 3 - line 4)	2.400	8.782		2.400	9.489	
6.Allowed Current Period Costs (Min of line 3 or 4)	79.033	185.351	264.384	79.033	246.112	325.145
7.Incentive Line 5 x Oper 50% Res 50%	1.200	4.391	5.591	1.200	4.744	5.944
8.Incentive - Line 4 x Oper 10% Res 3%	7.903	5.561	13.464	7.903	7.383	15.287
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.200	4.391	5.591	1.200	4.744	5.944
10.Final Incentive	1.200	4.391	5.591	1.200	4.744	5.944
11.Current Period Base: (line 6 + line 10)	80.233	189.742	269.975	80.233	250.856	331.089
12.Plus: Property Rate Component			17.121			17.121
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			287.096			348.210
15.Prospective Rate: Line 11 x Inflation 1.07872530	86.549	204.679	291.229	86.549	270.605	357.154
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	86.549	204.679	291.229	86.549	270.605	357.154
19.Property Rate Component			17.121			17.121
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			308.35			374.28
23.Medicaid Days		5,023			17,774	
24.Resident Days		5,023			17,774	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.01)			(10.81)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			321.40			385.53



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028567600

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Howell Branch Court	Cost Report Entered By :	Falk, Rebekah
Provider Number:	28567600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	12/1/2014 - 11/30/2015
Date:	7/20/2017	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,342	18,706	23,048
2. Operating Expenses component			
A. Administration			1,359,091
B. Plant Operation			346,383
C. Laundry			55,460
D. Housekeeping			26,768
E. Operating Expense Component & Per Diem	77.5643	77.5643	1,787,702
3. Resident Care			
A. Dietary			581,279
B. Other			62,331
C. Nursing			890,574
D. Resident Care & Per Diem	66.5647	66.5647	1,534,184
4. Prop Exp & Per Diem	16.6705	16.6705	384,222
5. ROE/Use Per Diem	0.0047	0.0047	108
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,171.00	18,706.00	20,877.00
3. Staffing Percent	0.1040	0.8960	1.0000
4. Allocation of Direct Care	265,000.73	2,283,327.27	2,548,328.00
5. Direct Care Expense Per Diem	61.0320	122.0639	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,342	18,706	23,048
2. Additional Services	262,964	1,132,889	1,395,853
3. Additional Services Exp & Per Diem	60.5629	60.5629	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	77.5643	77.5643	1,787,702
2. Resident Care Component	188.1596	249.1915	5,478,365
3. Property Cost Component	16.6705	16.6705	384,222
4. ROE/Use Allow Component	0.0047	0.0047	108
5. Total Cost Per Diem	282.3991	343.4310	7,650,397

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	66.5647	66.5647	66.5647	A3D Allowable Resident Care Exp	1,534,184	
B5 Allocation of D/C Expenses	61.0320	122.0639	122.0639	B4 Allocation of D/C Expenses	2,548,328	
C3 Additional Services per Diem	60.5629	60.5629	60.5629	C2 Additional Services per Diem	1,395,853	
Total Resident Care Component	188.1596	249.1915	249.1915	Total Resident Care Component	5,478,365	

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

028567600 - 2017/07

RI: 320.33

NM: 383.50

Howell Branch Court

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2014	11/30/2015	Unaudited Costs	201607
Prior Cost Report	12/1/2013	11/30/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	77.346	186.329	263.674	77.346	243.682	321.028
2. Inflate Line 1 by Inflation Factor 1.02529043	79.302	191.041	270.343	79.302	249.844	329.146
3. Line 1 X 1.4000 X Inflation Factor 1.03540660	80.084	192.926	273.010	80.084	252.310	332.394
4. Current Period Cost	77.564	188.160	265.724	77.564	249.192	326.756
5. Incentive Basis (line 3 - line 4)	2.520	4.766		2.520	3.118	
6. Allowed Current Period Costs (Min of line 3 or 4)	77.564	188.160	265.724	77.564	249.192	326.756
7. Incentive Line 5 x Oper 50% Res 50%	1.260	2.383	3.643	1.260	1.559	2.819
8. Incentive - Line 4 x Oper 10% Res 3%	7.756	5.645	13.401	7.756	7.476	15.232
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.260	2.383	3.643	1.260	1.559	2.819
10. Final Incentive	1.260	2.383	3.643	1.260	1.559	2.819
11. Current Period Base: (line 6 + line 10)	78.824	190.543	269.367	78.824	250.751	329.575
12. Plus: Property Rate Component			16.671			16.671
13. Plus: ROE/Use Rate			0.005			0.005
14. Total Current Period Base			286.042			346.250
15. Prospective Rate: Line 11 x Inflation 1.07872530	85.030	205.543	290.573	85.030	270.491	355.521
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	85.030	205.543	290.573	85.030	270.491	355.521
19. Property Rate Component			16.671			16.671
20. ROE Component + ROE Interim Component			0.005			0.005
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			307.25			372.20
23. Medicaid Days		4,342			18,706	
24. Resident Days		4,342			18,706	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(8.98)			(10.75)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			320.33			383.50



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028568400 - 2017/07
RI:260.83 / NM:0.00

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

157th Terrace (Sunrise)
9790 S. W. 157th Terrace
Miami, FL 33157

Provider Number: 028568400

Date: 7/18/2017

FYE: 6/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>257.77</u>	<u>260.83</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028568400

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: 157th Terrace (Sunrise)	Cost Report Entered By : Falk, Rebekah
Provider Number: 28568400	Rate Semester : July, 2017
Audit Status: Unaudited Costs	Cost Report : 7/1/2015 - 6/30/2016
Date: 7/20/2017	Days In Reporting Period: 366
	Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,126	0	2,126
2. Operating Expenses component			
A. Administration			67,200
B. Plant Operation			28,996
C. Laundry			346
D. Housekeeping			1,421
E. Operating Expense Component & Per Diem	46.0786		97,963
3. Resident Care			
A. Dietary			16,294
B. Other			56,899
C. Nursing			20,993
D. Resident Care & Per Diem	44.3020		94,186
4. Prop Exp & Per Diem	14.6058		31,052
5. ROE/Use Per Diem	2.2766		4,840

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,594.50	0.00	1,594.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	295,279.00	0.00	295,279.00
5. Direct Care Expense Per Diem	138.8895	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,126	0	2,126
2. Additional Services	13,795	0	13,795
3. Additional Services Exp & Per Diem	6.4887	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	46.0786	0.0000	97,963
2. Resident Care Component	189.6802	0.0000	403,260
3. Property Cost Component	14.6058	0.0000	31,052
4. ROE/Use Allow Component	2.2766	0.0000	4,840
5. Total Cost Per Diem	252.6412	0.0000	537,115

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400

FYE: 06/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	44.3020	0.0000		A3D Allowable Resident Care Exp	94,186
B5 Allocation of D/C Expenses	138.8895	0.0000		B4 Allocation of D/C Expenses	295,279
C3 Additional Services per Diem	6.4887	0.0000		C2 Additional Services per Diem	13,795
Total Resident Care Component	189.6802	0.0000		Total Resident Care Component	403,260

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028568400 - 2017/07

RI: 260.83

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

157th Terrace (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	38.767	169.400	208.167	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.02603478	39.776	173.811	213.587	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	40.180	175.575	215.755	0.000	0.000	0.000
4. Current Period Cost	46.079	189.680	235.759	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	40.180	175.575	215.755	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	40.180	175.575	215.755	0.000	0.000	0.000
12. Plus: Property Rate Component			14.606			0.000
13. Plus: ROE/Use Rate			2.277			0.000
14. Total Current Period Base			232.637			0.000
15. Prospective Rate: Line 11 x Inflation 1.06230530	42.683	186.514	229.197	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	42.683	186.514	229.197	0.000	0.000	0.000
19. Property Rate Component			14.606			0.000
20. ROE Component + ROE Interim Component			2.277			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			246.08			0.00
23. Medicaid Days		2,126			0	
24. Resident Days		2,126			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(7.31)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			260.83			0.00



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

028569200 - 2017/07
RI:282.68 / NM:325.74

**145th Street Group Home
 (Sunrise)**
 14935 S.W. 145th Street
 Miami, FL 33196
 Provider Type: ICF/IID

Provider Number: 028569200
 Date: 7/18/2017
 FYE: 6/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	294.62	282.68	7/1/2017
#8 Non-Ambulatory & #9 Medical	342.98	325.74	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

Sunrise Community, Inc.

9040 Sunset Drive Suite 70-A

Miami, FL 33170

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

028569200

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Robinson, Nairobi
Provider Number:	28569200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	7/1/2015 - 6/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	366	1,822	2,188
2. Operating Expenses component			
A. Administration			74,133
B. Plant Operation			32,320
C. Laundry			284
D. Housekeeping			1,887
E. Operating Expense Component & Per Diem	49.6453	49.6453	108,624
3. Resident Care			
A. Dietary			14,446
B. Other			54,557
C. Nursing			35,377
D. Resident Care & Per Diem	47.7057	47.7057	104,380
4. Prop Exp & Per Diem	18.2116	18.2116	39,847
5. ROE/Use Per Diem	2.6613	2.6613	5,823

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	274.50	1,822.00	2,096.50
3. Staffing Percent	0.1309	0.8691	1.0000
4. Allocation of Direct Care	44,413.75	294,797.25	339,211.00
5. Direct Care Expense Per Diem	121.3490	161.7987	

C. Additional Services Expense

1. Medicaid Inpatient Days	366	1,822	2,188
2. Additional Services	2,002	9,968	11,970
3. Additional Services Exp & Per Diem	5.4699	5.4709	

D. Medicaid Per Diem Cost

1. Operating Component	49.6453	49.6453	108,624
2. Resident Care Component	174.5246	214.9753	455,561
3. Property Cost Component	18.2116	18.2116	39,847
4. ROE/Use Allow Component	2.6613	2.6613	5,823
5. Total Cost Per Diem	245.0428	285.4935	609,855

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200

FYE: 06/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	47.7057	47.7057	47.7057	A3D Allowable Resident Care Exp		104,380
B5 Allocation of D/C Expenses	121.3490	161.7987	161.7987	B4 Allocation of D/C Expenses		339,211
C3 Additional Services per Diem	5.4699	5.4709	5.4709	C2 Additional Services per Diem		11,970
Total Resident Care Component	174.5246	214.9753	214.9753	Total Resident Care Component		455,561

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028569200 - 2017/07

RI: 282.68

NM: 325.74

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

145th Street Group Home (Sunrise)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2015	6/30/2016	Unaudited Costs	201607
Prior Cost Report	7/1/2014	6/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	55.125	184.134	239.258	55.125	230.038	285.163
2. Inflate Line 1 by Inflation Factor 1.02603478	56.560	188.927	245.487	56.560	236.027	292.587
3. Line 1 X 1.4000 X Inflation Factor 1.03644869	57.134	190.845	247.979	57.134	238.423	295.557
4. Current Period Cost	49.645	174.525	224.170	49.645	214.975	264.621
5. Incentive Basis (line 3 - line 4)	7.489	16.320		7.489	23.447	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.645	174.525	224.170	49.645	214.975	264.621
7. Incentive Line 5 x Oper 50% Res 50%	3.744	8.160	11.904	3.744	11.724	15.468
8. Incentive - Line 4 x Oper 10% Res 3%	4.965	5.236	10.200	4.965	6.449	11.414
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	3.744	5.236	8.980	3.744	6.449	10.194
10. Final Incentive	3.744	5.236	8.980	3.744	6.449	10.194
11. Current Period Base: (line 6 + line 10)	53.390	179.760	233.150	53.390	221.425	274.814
12. Plus: Property Rate Component			18.212			18.212
13. Plus: ROE/Use Rate			2.661			2.661
14. Total Current Period Base			254.023			295.687
15. Prospective Rate: Line 11 x Inflation 1.06230530	56.716	190.960	247.676	56.716	235.220	291.937
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	56.716	190.960	247.676	56.716	235.220	291.937
19. Property Rate Component			18.212			18.212
20. ROE Component + ROE Interim Component			2.661			2.661
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			268.55			312.81
23. Medicaid Days		366			1,822	
24. Resident Days		366			1,822	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(7.93)			(9.13)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			282.68			325.74



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

031256800 - 2017/07
RI:394.19 / NM:451.72

Avon Park Cluster (Mentor)
 55 East College Drive
 Avon Park, FL 33825

Provider Number: 031256800

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	387.35	394.19	7/1/2017
#8 Non-Ambulatory & #9 Medical	454.35	451.72	7/1/2017

Rate Type:

<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031256800

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Avon Park Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31256800	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	11,494	11,494
2. Operating Expenses component			
A. Administration			691,075
B. Plant Operation			327,849
C. Laundry			0
D. Housekeeping			142,450
E. Operating Expense Component & Per Diem	101.0418	101.0418	1,161,374
3. Resident Care			
A. Dietary			210,423
B. Other			0
C. Nursing			1,330,213
D. Resident Care & Per Diem	134.0383	134.0383	1,540,636
4. Prop Exp & Per Diem	12.6618	12.6618	145,535
5. ROE/Use Per Diem	0.1856	0.1856	2,133

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	11,494.00	11,494.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,448,727.00	1,448,727.00
5. Direct Care Expense Per Diem	63.0210	126.0420	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	11,494	11,494
2. Additional Services	0	243,616	243,616
3. Additional Services Exp & Per Diem	21.1951	21.1951	

D. Medicaid Per Diem Cost

1. Operating Component	101.0418	101.0418	1,161,374
2. Resident Care Component	218.2544	281.2754	3,232,979
3. Property Cost Component	12.6618	12.6618	145,535
4. ROE/Use Allow Component	0.1856	0.1856	2,133
5. Total Cost Per Diem	332.1436	395.1646	4,542,021

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800
FYE: 09/30/2015

		Extrapolated R/I			
		R/I	N/M		
A3D Allowable Resident Care Exp	134.0383	134.0383	134.0383	A3D Allowable Resident Care Exp	1,540,636
B5 Allocation of D/C Expenses	63.0210	126.0420	126.0420	B4 Allocation of D/C Expenses	1,448,727
C3 Additional Services per Diem	21.1951	21.1951	21.1951	C2 Additional Services per Diem	243,616
Total Resident Care Component	218.2544	281.2754	281.2754	Total Resident Care Component	3,232,979

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031256800 - 2017/07

RI: 394.19

NM: 451.72

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Avon Park Cluster (Mentor)

Ownership:Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.860	224.277	330.136	105.860	286.287	392.147
2.Inflate Line 1 by Inflation Factor 1.02772568	108.795	230.495	339.289	108.795	294.225	403.019
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	109.969	232.982	342.951	109.969	297.400	407.368
4.Current Period Cost	101.042	218.254	319.296	101.042	281.275	382.317
5.Incentive Basis (line 3 - line 4)	8.927	14.728		8.927	16.124	
6.Allowed Current Period Costs (Min of line 3 or 4)	101.042	218.254	319.296	101.042	281.275	382.317
7.Incentive Line 5 x Oper 50% Res 50%	4.463	7.364	11.827	4.463	8.062	12.525
8.Incentive - Line 4 x Oper 10% Res 3%	10.104	6.548	16.652	10.104	8.438	18.542
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.463	6.548	11.011	4.463	8.062	12.525
10.Final Incentive	4.463	6.548	11.011	4.463	8.062	12.525
11.Current Period Base: (line 6 + line 10)	105.505	224.802	330.307	105.505	289.338	394.843
12.Plus: Property Rate Component			12.662			12.662
13.Plus: ROE/Use Rate			0.186			0.186
14.Total Current Period Base			343.155			407.690
15.Prospective Rate: Line 11 x Inflation 1.08771264	114.759	244.520	359.279	114.759	314.716	429.475
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	114.759	244.520	359.279	114.759	314.716	429.475
19.Property Rate Component			12.662			12.662
20.ROE Component + ROE Interim Component			0.186			0.186
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			372.13			442.32
23.Medicaid Days		0			11,494	
24.Resident Days		0			11,494	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(12.66)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			394.19			451.72



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031257600

ICF/IID Profile Sheet
Rate Period(s) 07/2017 to 7/2017

Provider Name:	Eagle Watch Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31257600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,190	7,864	11,054
2. Operating Expenses component			
A. Administration			660,508
B. Plant Operation			248,237
C. Laundry			0
D. Housekeeping			115,405
E. Operating Expense Component & Per Diem	92.6497	92.6497	1,024,150
3. Resident Care			
A. Dietary			240,025
B. Other			0
C. Nursing			935,632
D. Resident Care & Per Diem	106.3558	106.3558	1,175,657
4. Prop Exp & Per Diem	16.5361	16.5361	182,790
5. ROE/Use Per Diem	0.7649	0.7649	8,455

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,595.00	7,864.00	9,459.00
3. Staffing Percent	0.1686	0.8314	1.0000
4. Allocation of Direct Care	279,522.79	1,378,161.21	1,657,684.00
5. Direct Care Expense Per Diem	87.6247	175.2494	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,190	7,864	11,054
2. Additional Services	76,514	188,622	265,136
3. Additional Services Exp & Per Diem	23.9856	23.9855	

D. Medicaid Per Diem Cost

1. Operating Component	92.6497	92.6497	1,024,150
2. Resident Care Component	217.9661	305.5907	3,098,477
3. Property Cost Component	16.5361	16.5361	182,790
4. ROE/Use Allow Component	0.7649	0.7649	8,455
5. Total Cost Per Diem	327.9168	415.5414	4,313,872

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	106.3558		106.3558	A3D Allowable Resident Care Exp	1,175,657
B5 Allocation of D/C Expenses	87.6247		175.2494	B4 Allocation of D/C Expenses	1,657,684
C3 Additional Services per Diem	23.9856		23.9855	C2 Additional Services per Diem	265,136
Total Resident Care Component	217.9661		305.5907	Total Resident Care Component	3,098,477

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031257600 - 2017/07

RI: 375.11

NM: 470.51

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Eagle Watch Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	99.976	213.902	313.878	99.976	303.153	403.130
2. Inflate Line 1 by Inflation Factor 1.02772568	102.748	219.832	322.580	102.748	311.559	414.307
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	103.857	222.204	326.061	103.857	314.921	418.778
4. Current Period Cost	92.650	217.966	310.616	92.650	305.591	398.240
5. Incentive Basis (line 3 - line 4)	11.207	4.238		11.207	9.330	
6. Allowed Current Period Costs (Min of line 3 or 4)	92.650	217.966	310.616	92.650	305.591	398.240
7. Incentive Line 5 x Oper 50% Res 50%	5.604	2.119	7.723	5.604	4.665	10.269
8. Incentive - Line 4 x Oper 10% Res 3%	9.265	6.539	15.804	9.265	9.168	18.433
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.604	2.119	7.723	5.604	4.665	10.269
10. Final Incentive	5.604	2.119	7.723	5.604	4.665	10.269
11. Current Period Base: (line 6 + line 10)	98.253	220.085	318.339	98.253	310.256	408.509
12. Plus: Property Rate Component			16.536			16.536
13. Plus: ROE/Use Rate			0.765			0.765
14. Total Current Period Base			335.640			425.810
15. Prospective Rate: Line 11 x Inflation 1.08771264	106.871	239.390	346.261	106.871	337.469	444.340
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	106.871	239.390	346.261	106.871	337.469	444.340
19. Property Rate Component			16.536			16.536
20. ROE Component + ROE Interim Component			0.765			0.765
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			363.56			461.64
23. Medicaid Days		3,190			7,864	
24. Resident Days		3,190			7,864	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(10.52)			(13.19)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			375.11			470.51



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

031258400 - 2017/07
RI:373.44 / NM:470.87

Point West Cluster (Mentor)
 4550 Ricker Road
 Jacksonville, FL 32210

Provider Number: 031258400

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>383.17</u>	<u>373.44</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>482.70</u>	<u>470.87</u>	<u>7/1/2017</u>

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031258400

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Point West Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31258400	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,236	9,772	11,008
2. Operating Expenses component			
A. Administration			659,577
B. Plant Operation			295,969
C. Laundry			0
D. Housekeeping			99,243
E. Operating Expense Component & Per Diem	95.8202	95.8202	1,054,789
3. Resident Care			
A. Dietary			244,030
B. Other			0
C. Nursing			885,463
D. Resident Care & Per Diem	102.6066	102.6066	1,129,493
4. Prop Exp & Per Diem	10.2515	10.2515	112,849
5. ROE/Use Per Diem	0.8835	0.8835	9,726

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	618.00	9,772.00	10,390.00
3. Staffing Percent	0.0595	0.9405	1.0000
4. Allocation of Direct Care	110,568.05	1,748,334.95	1,858,903.00
5. Direct Care Expense Per Diem	89.4564	178.9127	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,236	9,772	11,008
2. Additional Services	26,480	209,358	235,838
3. Additional Services Exp & Per Diem	21.4239	21.4243	

D. Medicaid Per Diem Cost

1. Operating Component	95.8202	95.8202	1,054,789
2. Resident Care Component	213.4869	302.9436	3,224,234
3. Property Cost Component	10.2515	10.2515	112,849
4. ROE/Use Allow Component	0.8835	0.8835	9,726
5. Total Cost Per Diem	320.4421	409.8988	4,401,598

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	102.6066	102.6066	102.6066	A3D Allowable Resident Care Exp		1,129,493
B5 Allocation of D/C Expenses	89.4564	178.9127	178.9127	B4 Allocation of D/C Expenses		1,858,903
C3 Additional Services per Diem	21.4239	21.4243	21.4243	C2 Additional Services per Diem		235,838
Total Resident Care Component	213.4869	302.9436	302.9436	Total Resident Care Component		3,224,234

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031258400 - 2017/07

RI: 373.44

NM: 470.87

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Point West Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 01/05/2017 - 01/11/2017 Days Eligible: 358 of 365

Eligibility Factor : 98.08%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	105.674	218.319	323.993	105.674	310.430	416.104
2.Inflate Line 1 by Inflation Factor 1.02772568	108.604	224.372	332.976	108.604	319.037	427.640
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	109.776	226.793	336.569	109.776	322.479	432.255
4.Current Period Cost	95.820	213.487	309.307	95.820	302.944	398.764
5.Incentive Basis (line 3 - line 4)	13.955	13.306		13.955	19.536	
6.Allowed Current Period Costs (Min of line 3 or 4)	95.820	213.487	309.307	95.820	302.944	398.764
7.Incentive Line 5 x Oper 50% Res 50%	6.978	6.653	13.631	6.978	9.768	16.746
8.Incentive - Line 4 x Oper 10% Res 3%	9.582	6.405	15.987	9.582	9.088	18.670
9.Incentive - Min of Line 7,8 x Eligibility factor 98.08%	6.844	6.282	13.126	6.844	8.914	15.758
10.Final Incentive	6.844	6.282	13.126	6.844	8.914	15.758
11.Current Period Base: (line 6 + line 10)	102.664	219.769	322.433	102.664	311.858	414.522
12.Plus: Property Rate Component			10.252			10.252
13.Plus: ROE/Use Rate			0.884			0.884
14.Total Current Period Base			333.568			425.657
15.Prospective Rate: Line 11 x Inflation 1.08771264	111.669	239.045	350.714	111.669	339.211	450.881
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	111.669	239.045	350.714	111.669	339.211	450.881
19.Property Rate Component			10.252			10.252
20.ROE Component + ROE Interim Component			0.884			0.884
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			361.85			462.02
23.Medicaid Days		1,236			9,772	
24.Resident Days		1,236			9,772	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(10.47)			(13.20)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			373.44			470.87



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

031259200 - 2017/07
RI:354.97 / NM:439.85

Hodges Cluster (Mentor)

3615 Hodges Boulevard
 Jacksonville, FL 32224

Provider Number: 031259200

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	355.59	354.97	7/1/2017
#8 Non-Ambulatory & #9 Medical	439.77	439.85	7/1/2017

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031259200

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Hodges Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31259200	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,095	10,291	11,386
2. Operating Expenses component			
A. Administration			724,382
B. Plant Operation			253,381
C. Laundry			0
D. Housekeeping			113,156
E. Operating Expense Component & Per Diem	95.8123	95.8123	1,090,919
3. Resident Care			
A. Dietary			161,544
B. Other			0
C. Nursing			1,069,853
D. Resident Care & Per Diem	108.1501	108.1501	1,231,397
4. Prop Exp & Per Diem	10.3239	10.3239	117,548
5. ROE/Use Per Diem	1.3741	1.3741	15,645

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	10,291.00	10,838.50
3. Staffing Percent	0.0505	0.9495	1.0000
4. Allocation of Direct Care	85,129.44	1,600,122.56	1,685,252.00
5. Direct Care Expense Per Diem	77.7438	155.4876	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,095	10,291	11,386
2. Additional Services	20,398	191,701	212,099
3. Additional Services Exp & Per Diem	18.6283	18.6280	

D. Medicaid Per Diem Cost

1. Operating Component	95.8123	95.8123	1,090,919
2. Resident Care Component	204.5222	282.2657	3,128,748
3. Property Cost Component	10.3239	10.3239	117,548
4. ROE/Use Allow Component	1.3741	1.3741	15,645
5. Total Cost Per Diem	312.0325	389.7760	4,352,860

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	108.1501	108.1501		A3D Allowable Resident Care Exp	1,231,397
B5 Allocation of D/C Expenses	77.7438	155.4876		B4 Allocation of D/C Expenses	1,685,252
C3 Additional Services per Diem	18.6283	18.6280		C2 Additional Services per Diem	212,099
Total Resident Care Component	204.5222	282.2657		Total Resident Care Component	3,128,748

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031259200 - 2017/07

RI: 354.97

NM: 439.85

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Hodges Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 04/20/2017 - 04/30/2017 Days Eligible: 354 of 365

Eligibility Factor : 96.99%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	103.995	195.145	299.140	103.995	273.059	377.054
2.Inflate Line 1 by Inflation Factor 1.02772568	106.878	200.556	307.434	106.878	280.630	387.508
3.Line 1 X 1.4000 X Inflation Factor 1.03881595	108.032	202.720	310.752	108.032	283.658	391.690
4.Current Period Cost	95.812	204.522	300.335	95.812	282.266	378.078
5.Incentive Basis (line 3 - line 4)	12.219	0.000		12.219	1.392	
6.Allowed Current Period Costs (Min of line 3 or 4)	95.812	202.720	298.532	95.812	282.266	378.078
7.Incentive Line 5 x Oper 50% Res 50%	6.110	0.000	6.110	6.110	0.696	6.806
8.Incentive - Line 4 x Oper 10% Res 3%	9.581	0.000	9.581	9.581	8.468	18.049
9.Incentive - Min of Line 7,8 x Eligibility factor 96.99%	5.926	0.000	5.926	5.926	0.675	6.601
10.Final Incentive	5.926	0.000	5.926	5.926	0.675	6.601
11.Current Period Base: (line 6 + line 10)	101.738	202.720	304.458	101.738	282.941	384.679
12.Plus: Property Rate Component			10.324			10.324
13.Plus: ROE/Use Rate			1.374			1.374
14.Total Current Period Base			316.156			396.377
15.Pro prospective Rate: Line 11 x Inflation 1.08771264	110.662	220.501	331.163	110.662	307.758	418.420
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	110.662	220.501	331.163	110.662	307.758	418.420
19.Property Rate Component			10.324			10.324
20.ROE Component + ROE Interim Component			1.374			1.374
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			342.86			430.12
23.Medicaid Days		1,095			10,291	
24.Resident Days		1,095			10,291	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(9.95)			(12.33)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			354.97			439.85



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031260600

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2017

Provider Name:	Kinkaid Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31260600	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,278	9,447	10,725
2. Operating Expenses component			
A. Administration			682,636
B. Plant Operation			292,178
C. Laundry			0
D. Housekeeping			118,084
E. Operating Expense Component & Per Diem	101.9019	101.9019	1,092,898
3. Resident Care			
A. Dietary			186,167
B. Other			0
C. Nursing			880,675
D. Resident Care & Per Diem	99.4724	99.4724	1,066,842
4. Prop Exp & Per Diem	15.2040	15.2040	163,063
5. ROE/Use Per Diem	1.2524	1.2524	13,432

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	639.00	9,447.00	10,086.00
3. Staffing Percent	0.0634	0.9366	1.0000
4. Allocation of Direct Care	97,016.75	1,434,299.25	1,531,316.00
5. Direct Care Expense Per Diem	75.9130	151.8259	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,278	9,447	10,725
2. Additional Services	26,911	198,926	225,837
3. Additional Services Exp & Per Diem	21.0571	21.0571	

D. Medicaid Per Diem Cost

1. Operating Component	101.9019	101.9019	1,092,898
2. Resident Care Component	196.4425	272.3554	2,823,995
3. Property Cost Component	15.2040	15.2040	163,063
4. ROE/Use Allow Component	1.2524	1.2524	13,432
5. Total Cost Per Diem	314.8008	390.7137	4,093,388

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M	TOTALS	
A3D Allowable Resident Care Exp	99.4724	99.4724	99.4724	A3D Allowable Resident Care Exp	1,066,842
B5 Allocation of D/C Expenses	75.9130	151.8259	151.8259	B4 Allocation of D/C Expenses	1,531,316
C3 Additional Services per Diem	21.0571	21.0571	21.0571	C2 Additional Services per Diem	225,837
Total Resident Care Component	196.4425	272.3554	272.3554	Total Resident Care Component	2,823,995

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031260600 - 2017/07

RI: 356.10

NM: 436.62

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Kinkaid Cluster (Mentor)

Ownership: Private

Incentive Rating: Ineligible from 07/28/2016 - 09/01/2016, 10/20/2016 - 12/06/2016, 09/22/2016 - 10/26/2016

Days Eligible: 246 of 365

Eligibility Factor : 67.40%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	101.895	193.317	295.211	101.895	266.953	368.848
2. Inflate Line 1 by Inflation Factor 1.02772568	104.720	198.677	303.396	104.720	274.355	379.074
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	105.850	200.821	306.670	105.850	277.315	383.165
4. Current Period Cost	101.902	196.443	298.344	101.902	272.355	374.257
5. Incentive Basis (line 3 - line 4)	3.948	4.378		3.948	4.960	
6. Allowed Current Period Costs (Min of line 3 or 4)	101.902	196.443	298.344	101.902	272.355	374.257
7. Incentive Line 5 x Oper 50% Res 50%	1.974	2.189	4.163	1.974	2.480	4.454
8. Incentive - Line 4 x Oper 10% Res 3%	10.190	5.893	16.083	10.190	8.171	18.361
9. Incentive - Min of Line 7,8 x Eligibility factor 67.40%	1.330	1.475	2.806	1.330	1.671	3.002
10. Final Incentive	1.330	1.475	2.806	1.330	1.671	3.002
11. Current Period Base: (line 6 + line 10)	103.232	197.918	301.150	103.232	274.027	377.259
12. Plus: Property Rate Component			15.204			15.204
13. Plus: ROE/Use Rate			1.252			1.252
14. Total Current Period Base			317.606			393.715
15. Prospective Rate: Line 11 x Inflation 1.08771264	112.287	215.278	327.565	112.287	298.062	410.349
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	112.287	215.278	327.565	112.287	298.062	410.349
19. Property Rate Component			15.204			15.204
20. ROE Component + ROE Interim Component			1.252			1.252
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			344.02			426.81
23. Medicaid Days		1,278			9,447	
24. Resident Days		1,278			9,447	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(9.98)			(12.24)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			356.10			436.62



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

031261400 - 2017/07
RI:383.60 / NM:469.07

**Flamingo Drive Cluster
 (Mentor)**

1285 Flamingo Drive
 Lantana, FL 33462

Provider Type: ICF/IID

Provider Number: 031261400

Date: 7/18/2017

FYE: 9/30/2016

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>377.58</u>	<u>383.60</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>470.74</u>	<u>469.07</u>	<u>7/1/2017</u>

Rate Type:

Interim	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	

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031261400

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Flamingo Drive Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31261400	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	81	8,222	8,303
2. Operating Expenses component			
A. Administration			651,865
B. Plant Operation			241,815
C. Laundry			0
D. Housekeeping			76,566
E. Operating Expense Component & Per Diem	116.8549	116.8549	970,246
3. Resident Care			
A. Dietary			134,088
B. Other			0
C. Nursing			718,108
D. Resident Care & Per Diem	102.6371	102.6371	852,196
4. Prop Exp & Per Diem	20.1536	20.1536	167,335
5. ROE/Use Per Diem	2.4809	2.4809	20,599
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	40.50	8,222.00	8,262.50
3. Staffing Percent	0.0049	0.9951	1.0000
4. Allocation of Direct Care	6,550.32	1,329,797.68	1,336,348.00
5. Direct Care Expense Per Diem	80.8682	161.7365	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	81	8,222	8,303
2. Additional Services	2,354	238,963	241,317
3. Additional Services Exp & Per Diem	29.0617	29.0639	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	116.8549	116.8549	970,246
2. Resident Care Component	212.5670	293.4375	2,429,861
3. Property Cost Component	20.1536	20.1536	167,335
4. ROE/Use Allow Component	2.4809	2.4809	20,599
5. Total Cost Per Diem	352.0564	432.9269	3,588,041

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400

FYE: 09/30/2016

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp		102.6371	102.6371	A3D Allowable Resident Care Exp	852,196
B5 Allocation of D/C Expenses		80.8682	161.7365	B4 Allocation of D/C Expenses	1,336,348
C3 Additional Services per Diem		29.0617	29.0639	C2 Additional Services per Diem	241,317
Total Resident Care Component		212.5670	293.4375	Total Resident Care Component	2,429,861

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031261400 - 2017/07

RI: 383.60

NM: 469.07

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Flamingo Drive Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	103.851	212.377	316.228	103.851	287.530	391.382
2. Inflate Line 1 by Inflation Factor 1.05973796	110.055	225.064	335.119	110.055	304.707	414.762
3. Line 1 X 1.4000 X Inflation Factor 1.08363314	112.536	230.139	342.675	112.536	311.577	424.114
4. Current Period Cost	116.855	212.567	329.422	116.855	293.438	410.292
5. Incentive Basis (line 3 - line 4)	0.000	17.572		0.000	18.140	
6. Allowed Current Period Costs (Min of line 3 or 4)	112.536	212.567	325.103	112.536	293.438	405.974
7. Incentive Line 5 x Oper 50% Res 50%	0.000	8.786	8.786	0.000	9.070	9.070
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	6.377	6.377	0.000	8.803	8.803
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	6.377	6.377	0.000	8.803	8.803
10. Final Incentive	0.000	6.377	6.377	0.000	8.803	8.803
11. Current Period Base: (line 6 + line 10)	112.536	218.944	331.481	112.536	302.241	414.777
12. Plus: Property Rate Component			20.154			20.154
13. Plus: ROE/Use Rate			2.481			2.481
14. Total Current Period Base			354.115			437.412
15. Prospective Rate: Line 11 x Inflation 1.05485530	118.710	230.954	349.664	118.710	318.820	437.530
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	118.710	230.954	349.664	118.710	318.820	437.530
19. Property Rate Component			20.154			20.154
20. ROE Component + ROE Interim Component			2.481			2.481
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			372.30			460.16
23. Medicaid Days		81			8,222	
24. Resident Days		81			8,222	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(10.75)			(13.15)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			383.60			469.07



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031262200 - 2017/07
RI:322.35 / NM:367.99

2727 Mahan Drive - Mail Stop 23
Tallahassee, Florida 32308

**Barranger Group Home
(Mentor)**

9513 Barranger Drive
Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031262200

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	380.76	322.35	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	367.99	7/1/2017

Rate Type:	
<u> </u> Interim	<u> </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	

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 6/1/2014 - 9/30/2015
 Days In Reporting Period: 487
 Number of Beds: 6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,692	214	2,906
2. Operating Expenses component			
A. Administration			114,643
B. Plant Operation			60,938
C. Laundry			0
D. Housekeeping			2,994
E. Operating Expense Component & Per Diem	61.4504	61.4504	178,575
3. Resident Care			
A. Dietary			28,260
B. Other			0
C. Nursing			35,994
D. Resident Care & Per Diem	22.1108	22.1108	64,254
4. Prop Exp & Per Diem	16.3751	16.3751	47,586
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	2,019.00	214.00	2,233.00
3. Staffing Percent	0.9042	0.0958	1.0000
4. Allocation of Direct Care	435,053.36	46,112.64	481,166.00
5. Direct Care Expense Per Diem	161.6097	215.4796	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,692	214	2,906
2. Additional Services	36,144	2,873	39,017
3. Additional Services Exp & Per Diem	13.4264	13.4252	

D. Medicaid Per Diem Cost

1. Operating Component	61.4504	61.4504	178,575
2. Resident Care Component	197.1469	251.0156	584,437
3. Property Cost Component	16.3751	16.3751	47,586
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	274.9724	328.8411	810,598

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	22.1108	22.1108	22.1108	A3D Allowable Resident Care Exp	64,254
B5 Allocation of D/C Expenses	161.6097	215.4796	215.4796	B4 Allocation of D/C Expenses	481,166
C3 Additional Services per Diem	13.4264	13.4252	13.4252	C2 Additional Services per Diem	39,017
Total Resident Care Component	197.1469	251.0156	251.0156	Total Resident Care Component	584,437

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031262200 - 2017/07

RI: 322.35

NM: 367.99

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Barranger Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base: *	68.430	188.713	257.143	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.02772568 *	70.327	257.335	327.662	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.03881595 *	71.086	259.428	330.514	0.000	0.000	0.000
4. Current Period Cost	61.450	197.147	258.597	61.450	251.016	312.466
5. Incentive Basis (line 3 - line 4)	9.636	62.281		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	61.450	197.147	258.597	61.450	251.016	312.466
7. Incentive Line 5 x Oper 50% Res 50%	4.818	31.141	35.958	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.145	5.914	12.059	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	4.818	5.914	10.732	0.000	0.000	0.000
10. Final Incentive	4.818	5.914	10.732	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	66.268	203.061	269.329	61.450	251.016	312.466
12. Plus: Property Rate Component			16.375			16.375
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			285.705			328.841
15. Prospective Rate: Line 11 x Inflation 1.08771264	72.081	220.872	292.953	66.840	273.033	339.873
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	72.081	220.872	292.953	66.840	273.033	339.873
19. Property Rate Component			16.375			16.375
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			309.33			356.25
23. Medicaid Days		2,692			214	
24. Resident Days		2,692			214	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(9.04)			(10.32)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			322.35			367.99

* See Attachment

ICF / IID

Interim Rate Calculation (L1 L2 L3) - @ 7/1/2017 Rate Semester

Barranger Group Home (Mentor)/Provider #0312622-00, IRR #264
Adjustment to Prior Period Cost (L1, L2, L3)
Staffing Staffing - Effective 11/1/2014
Status: COST SETTLEMENT

B @ 7/1/2017 Residential Institutional	1 (L1) Prior Period Allow Base Plus Incentives Excl IRR	2 IRR 7/1/2017	3 (L2) Inflate Col 8 By Factor 1.02772568 IRR @ 7/1/2017 (Col.9)	4 (L3) Factor in Col 10 X 1.4000 X Col8 1.03881595 IRR @ 7/1/2017 (Col.9)
Operating	68.4298	0.000	70.327	71.086
Resident Care	188.7129	63.390	257.335	259.428
Total	257.143	63.390	327.662	330.514
N-A/Medical				
Operating	0.0000	0.000	0.000	0.000
Resident Care	0.0000	0.000	0.000	0.000
Total	0.000	0.000	0.000	0.000



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

031263100 - 2017/07
RI:260.75 / NM:0.00

**Greenridge Group Home
 (Mentor)**

222 Greenridge Road
 Pensacola, FL 32514

Provider Type: ICF/IID

Provider Number: 031263100

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	272.28	260.75	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	0.00	7/1/2017

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031263100

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Greenridge Group Home (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31263100	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,922	0	2,922
2. Operating Expenses component			
A. Administration			91,325
B. Plant Operation			55,564
C. Laundry			0
D. Housekeeping			2,575
E. Operating Expense Component & Per Diem	51.1513		149,464
3. Resident Care			
A. Dietary			23,553
B. Other			0
C. Nursing			19,679
D. Resident Care & Per Diem	14.7953		43,232
4. Prop Exp & Per Diem	14.4175		42,128
5. ROE/Use Per Diem	0.0000		0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	2,191.50	0.00	2,191.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	370,440.00	0.00	370,440.00
5. Direct Care Expense Per Diem	126.7762	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,922	0	2,922
2. Additional Services	33,805	0	33,805
3. Additional Services Exp & Per Diem	11.5691	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	51.1513	0.0000	149,464
2. Resident Care Component	153.1406	0.0000	447,477
3. Property Cost Component	14.4175	0.0000	42,128
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	218.7094	0.0000	639,069

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 09/30/2015

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	14.7953	0.0000		A3D Allowable Resident Care Exp	43,232
B5 Allocation of D/C Expenses	126.7762	0.0000		B4 Allocation of D/C Expenses	370,440
C3 Additional Services per Diem	11.5691	0.0000		C2 Additional Services per Diem	33,805
Total Resident Care Component	153.1406	0.0000		Total Resident Care Component	447,477

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031263100 - 2017/07

RI: 260.75

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Greenridge Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	64.455	154.151	218.606	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.02772568	66.242	158.425	224.667	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	66.957	160.135	227.091	0.000	0.000	0.000
4. Current Period Cost	51.151	153.141	204.292	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	15.805	6.994		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	51.151	153.141	204.292	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	7.903	3.497	11.400	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	5.115	4.594	9.709	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	5.115	3.497	8.612	0.000	0.000	0.000
10. Final Incentive	5.115	3.497	8.612	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	56.266	156.638	212.904	0.000	0.000	0.000
12. Plus: Property Rate Component			14.418			0.000
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			227.322			0.000
15. Prospective Rate: Line 11 x Inflation 1.08771264	61.202	170.377	231.578	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	61.202	170.377	231.578	0.000	0.000	0.000
19. Property Rate Component			14.418			0.000
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			246.00			0.00
23. Medicaid Days		2,922			0	
24. Resident Days		2,922			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(7.31)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			260.75			0.00



Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name:	Pensacola Cluster (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31264900	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	0	8,135	8,135
2. Operating Expenses component			
A. Administration			597,307
B. Plant Operation			284,613
C. Laundry			0
D. Housekeeping			60,107
E. Operating Expense Component & Per Diem	115.7993	115.7993	942,027
3. Resident Care			
A. Dietary			110,573
B. Other			0
C. Nursing			779,626
D. Resident Care & Per Diem	109.4283	109.4283	890,199
4. Prop Exp & Per Diem	12.2664	12.2664	99,787
5. ROE/Use Per Diem	1.5347	1.5347	12,485

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,135.00	8,135.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,184,738.00	1,184,738.00
5. Direct Care Expense Per Diem	72.8174	145.6347	

C. Additional Services Expense

1. Medicaid Inpatient Days	0	8,135	8,135
2. Additional Services	0	177,373	177,373
3. Additional Services Exp & Per Diem	21.8037	21.8037	

D. Medicaid Per Diem Cost

1. Operating Component	115.7993	115.7993	942,027
2. Resident Care Component	204.0494	276.8667	2,252,310
3. Property Cost Component	12.2664	12.2664	99,787
4. ROE/Use Allow Component	1.5347	1.5347	12,485
5. Total Cost Per Diem	333.6498	406.4671	3,306,609

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 09/30/2016

	Extrapolated R/I			
	R/I	N/M		
A3D Allowable Resident Care Exp	109.4283	109.4283	A3D Allowable Resident Care Exp	890,199
B5 Allocation of D/C Expenses	72.8174	145.6347	B4 Allocation of D/C Expenses	1,184,738
C3 Additional Services per Diem	21.8037	21.8037	C2 Additional Services per Diem	177,373
Total Resident Care Component	204.0494	276.8667	Total Resident Care Component	2,252,310

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031264900 - 2017/07

RI: 378.36

NM: 443.37

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Pensacola Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	110.228	193.864	304.092	110.228	262.170	372.398
2.Inflate Line 1 by Inflation Factor 1.05973796	116.813	205.445	322.258	116.813	277.832	394.645
3.Line 1 X 1.4000 X Inflation Factor 1.08363314	119.447	210.077	329.524	119.447	284.096	403.543
4.Current Period Cost	115.799	204.049	319.849	115.799	276.867	392.666
5.Incentive Basis (line 3 - line 4)	3.648	6.028		3.648	7.230	
6.Allowed Current Period Costs (Min of line 3 or 4)	115.799	204.049	319.849	115.799	276.867	392.666
7.Incentive Line 5 x Oper 50% Res 50%	1.824	3.014	4.838	1.824	3.615	5.439
8.Incentive - Line 4 x Oper 10% Res 3%	11.580	6.121	17.701	11.580	8.306	19.886
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	1.824	3.014	4.838	1.824	3.615	5.439
10.Final Incentive	1.824	3.014	4.838	1.824	3.615	5.439
11.Current Period Base: (line 6 + line 10)	117.623	207.063	324.686	117.623	280.481	398.105
12.Plus: Property Rate Component			12.266			12.266
13.Plus: ROE/Use Rate			1.535			1.535
14.Total Current Period Base			338.487			411.906
15.Prospective Rate: Line 11 x Inflation 1.05485530	124.075	218.422	342.497	124.075	295.867	419.943
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	124.075	218.422	342.497	124.075	295.867	419.943
19.Property Rate Component			12.266			12.266
20.ROE Component + ROE Interim Component			1.535			1.535
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			356.30			433.74
23.Medicaid Days		0			8,135	
24.Resident Days		0			8,135	
25.Medicaid Utilization		0.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			0.00			(12.43)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			378.36			443.37



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

031265700 - 2017/07
RI:290.31 / NM:0.00

**Caprona Group Home
 (Mentor)**
 111 N.E Caprona Avenue
 Port St. Lucie, FL 34983
 Provider Type: ICF/IID

Provider Number: 031265700
 Date: 7/18/2017
 FYE: 9/30/2016
 Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>286.97</u>	<u>290.31</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>0.00</u>	<u>0.00</u>	<u>7/1/2017</u>

Rate Type:

<u> </u> Interim	<u> </u> X	<u> </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		

Comments:

Distribution:
 Contract Management
 DPODS - DCF (4)
 Home Office:
 National Mentor Healthcare, LLC
 3258 Parkside Center Circle
 Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031265700

ICF/IID Profile Sheet
Rate Period(s) 07/2017 to 7/2017

Provider Name:	Caprona Group Home (Mentor)	Cost Report Entered By :	Falk, Rebekah
Provider Number:	31265700	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	10/1/2015 - 9/30/2016
Date:	7/20/2017	Days In Reporting Period:	366
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,898	0	1,898
2. Operating Expenses component			
A. Administration			73,944
B. Plant Operation			35,738
C. Laundry			0
D. Housekeeping			5,293
E. Operating Expense Component & Per Diem	60.5769		114,975
3. Resident Care			
A. Dietary			16,270
B. Other			0
C. Nursing			41,726
D. Resident Care & Per Diem	30.5564		57,996
4. Prop Exp & Per Diem	23.3156		44,253
5. ROE/Use Per Diem	0.4183		794

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,423.50	0.00	1,423.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	262,779.00	0.00	262,779.00
5. Direct Care Expense Per Diem	138.4505	0.0000	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,898	0	1,898
2. Additional Services	40,992	0	40,992
3. Additional Services Exp & Per Diem	21.5975	0.0000	

D. Medicaid Per Diem Cost

1. Operating Component	60.5769	0.0000	114,975
2. Resident Care Component	190.6044	0.0000	361,767
3. Property Cost Component	23.3156	0.0000	44,253
4. ROE/Use Allow Component	0.4183	0.0000	794
5. Total Cost Per Diem	274.9152	0.0000	521,789

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 09/30/2016

		No N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	30.5564	0.0000		A3D Allowable Resident Care Exp	57,996
B5 Allocation of D/C Expenses	138.4505	0.0000		B4 Allocation of D/C Expenses	262,779
C3 Additional Services per Diem	21.5975	0.0000		C2 Additional Services per Diem	40,992
Total Resident Care Component	190.6044	0.0000		Total Resident Care Component	361,767

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031265700 - 2017/07

RI: 290.31

NM: 0.00

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Caprona Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	10/1/2015	9/30/2016	Unaudited Costs	201607
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	68.465	159.537	228.002	0.000	0.000	0.000
2. Inflate Line 1 by Inflation Factor 1.05973796	72.555	169.067	241.622	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.08363314	74.191	172.879	247.070	0.000	0.000	0.000
4. Current Period Cost	60.577	190.604	251.181	0.000	0.000	0.000
5. Incentive Basis (line 3 - line 4)	13.614	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	60.577	172.879	233.456	0.000	0.000	0.000
7. Incentive Line 5 x Oper 50% Res 50%	6.807	0.000	6.807	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	6.058	0.000	6.058	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	6.058	0.000	6.058	0.000	0.000	0.000
10. Final Incentive	6.058	0.000	6.058	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	66.635	172.879	239.514	0.000	0.000	0.000
12. Plus: Property Rate Component			23.316			0.000
13. Plus: ROE/Use Rate			0.418			0.000
14. Total Current Period Base			263.248			0.000
15. Prospective Rate: Line 11 x Inflation 1.05485530	70.290	182.363	252.652	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	70.290	182.363	252.652	0.000	0.000	0.000
19. Property Rate Component			23.316			0.000
20. ROE Component + ROE Interim Component			0.418			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			276.39			0.00
23. Medicaid Days		1,898			0	
24. Resident Days		1,898			0	
25. Medicaid Utilization		100.00%			0.00%	
26. Quality Assessment (\$22.06)			22.06			0.00
27. Rate Cut - QAF (.0272709484)			(8.14)			0.00
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			290.31			0.00



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 Office of Medicaid Cost Reimbursement Planning and Finance
 2727 Mahan Drive - Mail Stop 23
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031266500 - 2017/07
RI:238.42 / NM:270.45

**Rich Street Group Home
 (Mentor)**

2318 S.E. Rich Street
 Port St. Lucie, FL 34984

Provider Type: ICF/IID

Provider Number: 031266500

Date: 7/18/2017

FYE: 9/30/2015

Audit Status: Unaudited Costs

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>237.80</u>	<u>238.42</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>269.58</u>	<u>270.45</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC

3258 Parkside Center Circle

Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031266500

ICF/IID Profile Sheet
Rate Period(s) 07/2016 to 7/2017

Provider Name:	Rich Street Group Home (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31266500	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	6

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	1,849	1,035	2,884
2. Operating Expenses component			
A. Administration			96,803
B. Plant Operation			45,475
C. Laundry			0
D. Housekeeping			8,346
E. Operating Expense Component & Per Diem	52.2275	52.2275	150,624
3. Resident Care			
A. Dietary			30,682
B. Other			0
C. Nursing			33,621
D. Resident Care & Per Diem	22.2965	22.2965	64,303
4. Prop Exp & Per Diem	16.3998	16.3998	47,297
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.75	1.00	
2. Total Staffing Required	1,386.75	1,035.00	2,421.75
3. Staffing Percent	0.5726	0.4274	1.0000
4. Allocation of Direct Care	196,089.63	146,351.37	342,441.00
5. Direct Care Expense Per Diem	106.0517	141.4023	

C. Additional Services Expense

1. Medicaid Inpatient Days	1,849	1,035	2,884
2. Additional Services	21,660	12,124	33,784
3. Additional Services Exp & Per Diem	11.7144	11.7140	

D. Medicaid Per Diem Cost

1. Operating Component	52.2275	52.2275	150,624
2. Resident Care Component	140.0626	175.4128	440,528
3. Property Cost Component	16.3998	16.3998	47,297
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	208.6899	244.0401	638,449

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500
FYE: 09/30/2015

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp	22.2965	22.2965	22.2965	A3D Allowable Resident Care Exp		64,303
B5 Allocation of D/C Expenses	106.0517	141.4023	141.4023	B4 Allocation of D/C Expenses		342,441
C3 Additional Services per Diem	11.7144	11.7140	11.7140	C2 Additional Services per Diem		33,784
Total Resident Care Component	140.0626	175.4128	175.4128	Total Resident Care Component		440,528

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

031266500 - 2017/07

RI: 238.42

NM: 270.45

Rich Street Group Home (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	47.734	121.362	169.096	47.734	151.762	199.497
2. Inflate Line 1 by Inflation Factor 1.02772568	49.058	124.726	173.784	49.058	155.970	205.028
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	49.587	126.072	175.659	49.587	157.653	207.240
4. Current Period Cost	52.228	140.063	192.290	52.228	175.413	227.640
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)	49.587	126.072	175.659	49.587	157.653	207.240
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)	49.587	126.072	175.659	49.587	157.653	207.240
12. Plus: Property Rate Component			16.400			16.400
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			192.059			223.640
15. Prospective Rate: Line 11 x Inflation 1.08771264	53.936	137.130	191.067	53.936	171.481	225.418
16. Interim Rate Component: *	0.000	15.573	15.573	0.000	14.155	14.155
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	53.936	152.703	206.639	53.936	185.636	239.572
19. Property Rate Component			16.400			16.400
20. ROE Component + ROE Interim Component *			0.000			0.000
21. Plus: Property Interim Rate Component *			0.000			0.000
22. Final Per Diem			223.04			255.97
23. Medicaid Days		1,849			1,035	
24. Resident Days		1,849			1,035	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(6.68)			(7.58)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			238.42			270.45

* See Attachment

Staffing IRR #282 - Rich Street Group Home (Mentor)- Provider #0312665-00
Staffing Interim Rate Analysis - ICF/IID Plan Section IV.G.
Effective Date 10/1/2015 - Rate Semester 7/1/2017

Residential/Institutional (Level of Care 7)					
		Resident Care Component	Property Component	ROE Component	Totals
Residential/Institutional IRR Effective 10/1/2015	\$ 15.57				
Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	53.936	137.130	16.400	0.000	207.47
Prospective Rate w/o ROE	53.936	137.130	16.400	0.000	207.47
Allocation of IRR	0.000	15.573	0.000	0.000	15.57
Final Per Diem (Line 22)	53.936	152.703	16.400	0.000	223.04
L22. Final Per Diem Rate - LOC 7	223.04				
L26. Quality Assessment (\$22.06)	22.06				
L27. Rate Cut - QAF (.0272709484)	(6.68)				
L28.	0.00				
L29.	0.00				
L30. Final Per Diem After Adjustments	238.42				
Non - Ambulatory/Medical (Level of Care 8, 9)					
		Resident Care Component	Property Component	ROE Component	Totals
Non-Ambulatory/Medical IRR Effective 10/1/2015	\$ 14.15				
Description	Operating Component	Resident Care Component	Property Component	ROE Component	Totals
Prospective Rate (Line 15)	53.936	171.481	16.400	0.000	241.82
Prospective Rate w/o ROE	53.936	171.481	16.400	0.000	241.82
Allocation of IRR	0.000	14.155	0.000	0.000	14.15
Final Per Diem (Line 22)	53.936	185.636	16.400	0.000	255.97
L22. Final Per Diem Rate - LOC 8, 9	255.97				
L26. Quality Assessment (\$22.06)	22.06				
L27. Rate Cut - QAF (.0272709484)	(7.58)				
L28.	0.00				
L29.	0.00				
L30. Final Per Diem After Adjustments	270.45				



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031267300 - 2017/07
RI:329.23 / NM:402.15

Sandpiper Cluster (Mentor)
 1000 East 14th Street
 Stuart, FL 33496

Provider Number: 031267300
 Date: 7/18/2017
 FYE: 9/30/2015
 Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>327.46</u>	<u>329.23</u>	<u>7/1/2017</u>
#8 Non-Ambulatory & #9 Medical	<u>399.92</u>	<u>402.15</u>	<u>7/1/2017</u>

Rate Type:

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

Comments:

Distribution:

Contract Management
 DPODS - DCF (4)

Home Office:

National Mentor Healthcare, LLC
3258 Parkside Center Circle
Tampa, FL 33619

W.Rydell Samuel 
 Medicaid Cost Reimbursement Analysis

For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031267300

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2017

Provider Name:	Sandpiper Cluster (Mentor)	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	31267300	Rate Semester :	July, 2017
Audit Status:	Unaudited Costs	Cost Report :	6/1/2014 - 9/30/2015
Date:	7/20/2017	Days In Reporting Period:	487
		Number of Beds:	24

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,117	9,407	11,524
2. Operating Expenses component			
A. Administration			647,149
B. Plant Operation			266,566
C. Laundry			0
D. Housekeeping			76,233
E. Operating Expense Component & Per Diem	85.9032	85.9032	989,948
3. Resident Care			
A. Dietary			203,561
B. Other			0
C. Nursing			962,312
D. Resident Care & Per Diem	101.1691	101.1691	1,165,873
4. Prop Exp & Per Diem	14.8468	14.8468	171,095
5. ROE/Use Per Diem	0.6572	0.6572	7,573

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,058.50	9,407.00	10,465.50
3. Staffing Percent	0.1011	0.8989	1.0000
4. Allocation of Direct Care	155,350.95	1,380,620.05	1,535,971.00
5. Direct Care Expense Per Diem	73.3826	146.7652	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,117	9,407	11,524
2. Additional Services	43,142	191,706	234,848
3. Additional Services Exp & Per Diem	20.3788	20.3791	

D. Medicaid Per Diem Cost

1. Operating Component	85.9032	85.9032	989,948
2. Resident Care Component	194.9305	268.3134	2,936,692
3. Property Cost Component	14.8468	14.8468	171,095
4. ROE/Use Allow Component	0.6572	0.6572	7,573
5. Total Cost Per Diem	296.3377	369.7206	4,105,308

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2015

		R/I & N/M Days			
		R/I	N/M		
A3D Allowable Resident Care Exp	101.1691	101.1691		A3D Allowable Resident Care Exp	1,165,873
B5 Allocation of D/C Expenses	73.3826	146.7652		B4 Allocation of D/C Expenses	1,535,971
C3 Additional Services per Diem	20.3788	20.3791		C2 Additional Services per Diem	234,848
Total Resident Care Component	194.9305	268.3134		Total Resident Care Component	2,936,692

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031267300 - 2017/07

RI: 329.23

NM: 402.15

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

Sandpiper Cluster (Mentor)

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	6/1/2014	9/30/2015	Unaudited Costs	201507
Prior Cost Report	6/1/2013	5/31/2014	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:	78.392	188.153	266.546	78.392	254.243	332.636
2. Inflate Line 1 by Inflation Factor 1.02772568	80.566	193.370	273.936	80.566	261.292	341.858
3. Line 1 X 1.4000 X Inflation Factor 1.03881595	81.435	195.457	276.892	81.435	264.112	345.547
4. Current Period Cost	85.903	194.931	280.834	85.903	268.313	354.217
5. Incentive Basis (line 3 - line 4)	0.000	0.526		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	81.435	194.931	276.366	81.435	264.112	345.547
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.263	0.263	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	5.848	5.848	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.263	0.263	0.000	0.000	0.000
10. Final Incentive	0.000	0.263	0.263	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	81.435	195.194	276.629	81.435	264.112	345.547
12. Plus: Property Rate Component			14.847			14.847
13. Plus: ROE/Use Rate			0.657			0.657
14. Total Current Period Base			292.133			361.051
15. Prospective Rate: Line 11 x Inflation 1.08771264	88.578	212.314	300.893	88.578	287.278	375.856
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	88.578	212.314	300.893	88.578	287.278	375.856
19. Property Rate Component			14.847			14.847
20. ROE Component + ROE Interim Component			0.657			0.657
21. Plus: Property Interim Rate Component			0.000			0.000
22. Final Per Diem			316.40			391.36
23. Medicaid Days		2,117			9,407	
24. Resident Days		2,117			9,407	
25. Medicaid Utilization		100.00%			100.00%	
26. Quality Assessment (\$22.06)			22.06			22.06
27. Rate Cut - QAF (.0272709484)			(9.23)			(11.27)
28.			0.00			0.00
29.			0.00			0.00
30. Final Per Diem After Adjustments			329.23			402.15



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

031345900 - 2017/07
RI:397.89 / NM:513.88

New Horizons Village
 1275 N. Rainbow Loop
 Lecanto, FL 34461

Provider Number: 031345900

Date: 7/18/2017

FYE: 11/30/2016

Audit Status: Unaudited Costs

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	402.03	397.89	7/1/2017
#8 Non-Ambulatory & #9 Medical	0.00	513.88	7/1/2017

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		

Comments:

Distribution:

Contract Management

DPODS - DCF (4)

Home Office:

W.Rydell Samuel

Medicaid Cost Reimbursement Analysis

 For Information only - No Change in rate



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance

031345900

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2017

Provider Name: **New Horizons Village**
 Provider Number: 31345900
 Audit Status: Unaudited Costs
 Date: 7/20/2017

Cost Report Entered By : Falk, Rebekah
 Rate Semester : July, 2017
 Cost Report : 12/1/2015 - 11/30/2016
 Days In Reporting Period: 366
 Number of Beds: 48

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	16,432	750	17,182
2. Operating Expenses component			
A. Administration			933,980
B. Plant Operation			359,129
C. Laundry			39,833
D. Housekeeping			282,975
E. Operating Expense Component & Per Diem	94.0471	94.0471	1,615,917
3. Resident Care			
A. Dietary			526,500
B. Other			0
C. Nursing			682,240
D. Resident Care & Per Diem	70.3492	70.3492	1,208,740
4. Prop Exp & Per Diem	29.7055	29.7055	510,400
5. ROE/Use Per Diem	1.0438	1.0438	17,934

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	8,216.00	750.00	8,966.00
3. Staffing Percent	0.9164	0.0836	1.0000
4. Allocation of Direct Care	2,084,238.66	190,260.34	2,274,499.00
5. Direct Care Expense Per Diem	126.8402	253.6805	

C. Additional Services Expense

1. Medicaid Inpatient Days	16,432	750	17,182
2. Additional Services	574,837	26,237	601,074
3. Additional Services Exp & Per Diem	34.9828	34.9827	

D. Medicaid Per Diem Cost

1. Operating Component	94.0471	94.0471	1,615,917
2. Resident Care Component	232.1722	359.0124	4,084,313
3. Property Cost Component	29.7055	29.7055	510,400
4. ROE/Use Allow Component	1.0438	1.0438	17,934
5. Total Cost Per Diem	356.9686	483.8088	6,228,564

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons Village

Provider Number: 31345900

FYE: 11/30/2016

		R/I & N/M Days				
		R/I	N/M			TOTALS
A3D Allowable Resident Care Exp		70.3492	70.3492	A3D Allowable Resident Care Exp		1,208,740
B5 Allocation of D/C Expenses		126.8402	253.6805	B4 Allocation of D/C Expenses		2,274,499
C3 Additional Services per Diem		34.9828	34.9827	C2 Additional Services per Diem		601,074
Total Resident Care Component		232.1722	359.0124	Total Resident Care Component		4,084,313

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

031345900 - 2017/07

RI: 397.89

NM: 513.88

ICF/IID Calculation Sheet

Rates Effective 07/01/2017 through 06/30/2018

New Horizons Village

Ownership: Private

Incentive Rating: Eligible from 05/01/2016 - 04/30/2017 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	12/1/2015	11/30/2016	Unaudited Costs	201607
Prior Cost Report	12/1/2014	11/30/2015	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	104.870	234.552	339.422	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02787520	107.793	241.090	348.883	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03902528	108.963	243.705	352.668	0.000	0.000	0.000
4.Current Period Cost	94.047	232.172	326.219	94.047	359.012	453.060
5.Incentive Basis (line 3 - line 4)	14.915	11.533		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	94.047	232.172	326.219	94.047	359.012	453.060
7.Incentive Line 5 x Oper 50% Res 50%	7.458	5.767	13.224	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	9.405	6.965	16.370	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	7.458	5.767	13.224	0.000	0.000	0.000
10.Final Incentive	7.458	5.767	13.224	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	101.505	237.939	339.444	94.047	359.012	453.060
12.Plus: Property Rate Component			29.706			29.706
13.Plus: ROE/Use Rate			1.044			1.044
14.Total Current Period Base			370.193			483.809
15.Prospective Rate: Line 11 x Inflation 1.04947108	106.526	249.710	356.236	98.700	376.773	475.473
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	106.526	249.710	356.236	98.700	376.773	475.473
19.Property Rate Component			29.706			29.706
20.ROE Component + ROE Interim Component			1.044			1.044
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			386.99			506.22
23.Medicaid Days		16,432			750	
24.Resident Days		16,432			750	
25.Medicaid Utilization		100.00%			100.00%	
26.Quality Assessment (\$22.06)			22.06			22.06
27.Rate Cut - QAF (.0272709484)			(11.16)			(14.41)
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			397.89			513.88