



**Florida Agency For Health Care Administration**

**000169300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **St. Augustine Center for Living**  
 Provider Number: 00169300  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 12/1/2015 - 11/30/2016  
 Days In Reporting Period: 366  
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	21,959	0	21,959
2. Operating Expenses component			
A. Administration			713,254
B. Plant Operation			267,828
C. Laundry			30,800
D. Housekeeping			37,179
E. Operating Expense Component & Per Diem	47.7736		1,049,061
3. Resident Care			
A. Dietary			375,483
B. Other			0
C. Nursing			391,504
D. Resident Care & Per Diem	34.9281		766,987
4. Prop Exp & Per Diem	25.2527		554,524
5. ROE/Use Per Diem	0.6467		14,201
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	10,979.50	0.00	10,979.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,192,976.00	0.00	2,192,976.00
5. Direct Care Expense Per Diem	99.8668	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	21,959	0	21,959
2. Additional Services	345,909	0	345,909
3. Additional Services Exp & Per Diem	15.7525	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	47.7736	0.0000	1,049,061
2. Resident Care Component	150.5474	0.0000	3,305,872
3. Property Cost Component	25.2527	0.0000	554,524
4. ROE/Use Allow Component	0.6467	0.0000	14,201
<b>5. Total Cost Per Diem</b>	<b>224.2204</b>	<b>0.0000</b>	<b>4,923,658</b>

## Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300
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FYE: 11/30/2016
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.9281	0.0000	A3D Allowable Resident Care Exp	766,987
B5 Allocation of D/C Expenses	99.8668	0.0000	B4 Allocation of D/C Expenses	2,192,976
C3 Additional Services per Diem	15.7525	0.0000	C2 Additional Services per Diem	345,909
<b>Total Resident Care Component</b>	<b>150.5474</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>3,305,872</b>

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**Florida Agency For Health Care Administration**

**001069500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: <b>Miner North</b>	Cost Report Entered By : Kiswani, Farah
Provider Number: 01069500	Rate Semester : July, 2018
Audit Status: Unaudited Costs	Cost Report : 6/1/2016 - 5/31/2017
Date: 6/19/2018	Days In Reporting Period: 365
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	816	7,561	8,377
2. Operating Expenses component			
A. Administration			637,639
B. Plant Operation			344,388
C. Laundry			24,967
D. Housekeeping			73,230
E. Operating Expense Component & Per Diem	128.9512	128.9512	1,080,224
3. Resident Care			
A. Dietary			346,500
B. Other			0
C. Nursing			297,430
D. Resident Care & Per Diem	76.8688	76.8688	643,930
4. Prop Exp & Per Diem	56.0085	56.0085	469,183
5. ROE/Use Per Diem	3.8146	3.8146	31,955
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	408.00	7,561.00	7,969.00
3. Staffing Percent	0.0512	0.9488	1.0000
4. Allocation of Direct Care	70,350.07	1,303,717.93	1,374,068.00
5. Direct Care Expense Per Diem	86.2133	172.4267	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	816	7,561	8,377
2. Additional Services	24,661	228,511	253,172
3. Additional Services Exp & Per Diem	30.2218	30.2223	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	128.9512	128.9512	1,080,224
2. Resident Care Component	193.3039	279.5178	2,271,170
3. Property Cost Component	56.0085	56.0085	469,183
4. ROE/Use Allow Component	3.8146	3.8146	31,955
<b>5. Total Cost Per Diem</b>	<b>382.0782</b>	<b>468.2921</b>	<b>3,852,532</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500
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FYE: 05/31/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	76.8688	76.8688	A3D Allowable Resident Care Exp	643,930
B5 Allocation of D/C Expenses	86.2133	172.4267	B4 Allocation of D/C Expenses	1,374,068
C3 Additional Services per Diem	30.2218	30.2223	C2 Additional Services per Diem	253,172
<b>Total Resident Care Component</b>	193.3039	279.5178	<b>Total Resident Care Component</b>	2,271,170

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# Florida Agency For Health Care Administration

001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Miner South</b>	Cost Report Entered By :	Kiswani, Farah
Provider Number:	01071000	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	6/1/2016 - 5/31/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,095	7,665	8,760
2. Operating Expenses component			
A. Administration			648,697
B. Plant Operation			332,141
C. Laundry			17,517
D. Housekeeping			69,850
E. Operating Expense Component & Per Diem	121.9412	121.9412	1,068,205
3. Resident Care			
A. Dietary			237,981
B. Other			0
C. Nursing			339,276
D. Resident Care & Per Diem	65.8969	65.8969	577,257
4. Prop Exp & Per Diem	53.8736	53.8736	471,933
5. ROE/Use Per Diem	3.4845	3.4845	30,524
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,665.00	8,212.50
3. Staffing Percent	0.0667	0.9333	1.0000
4. Allocation of Direct Care	86,511.27	1,211,157.73	1,297,669.00
5. Direct Care Expense Per Diem	79.0057	158.0114	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,095	7,665	8,760
2. Additional Services	32,810	229,667	262,477
3. Additional Services Exp & Per Diem	29.9635	29.9631	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	121.9412	121.9412	1,068,205
2. Resident Care Component	174.8661	253.8714	2,137,403
3. Property Cost Component	53.8736	53.8736	471,933
4. ROE/Use Allow Component	3.4845	3.4845	30,524
<b>5. Total Cost Per Diem</b>	<b>354.1654</b>	<b>433.1707</b>	<b>3,708,065</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000
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FYE: 05/31/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	65.8969	65.8969	A3D Allowable Resident Care Exp	577,257
B5 Allocation of D/C Expenses	79.0057	158.0114	B4 Allocation of D/C Expenses	1,297,669
C3 Additional Services per Diem	29.9635	29.9631	C2 Additional Services per Diem	262,477
<b>Total Resident Care Component</b>	174.8661	253.8714	<b>Total Resident Care Component</b>	2,137,403

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**Florida Agency For Health Care Administration**

**012037000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Bayview (Mentor)**  
 Provider Number: 12037000  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,164	903	2,067
2. Operating Expenses component			
A. Administration			133,556
B. Plant Operation			39,017
C. Laundry			0
D. Housekeeping			4,397
E. Operating Expense Component & Per Diem	85.6168	85.6168	176,970
3. Resident Care			
A. Dietary			13,767
B. Other			0
C. Nursing			26,449
D. Resident Care & Per Diem	19.4562	19.4562	40,216
4. Prop Exp & Per Diem	14.3716	14.3716	29,706
5. ROE/Use Per Diem	5.5685	5.5685	11,510
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	873.00	903.00	1,776.00
3. Staffing Percent	0.4916	0.5084	1.0000
4. Allocation of Direct Care	208,387.95	215,549.05	423,937.00
5. Direct Care Expense Per Diem	179.0274	238.7033	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,164	903	2,067
2. Additional Services	15,075	11,695	26,770
3. Additional Services Exp & Per Diem	12.9510	12.9513	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	85.6168	85.6168	176,970
2. Resident Care Component	211.4346	271.1108	490,923
3. Property Cost Component	14.3716	14.3716	29,706
4. ROE/Use Allow Component	5.5685	5.5685	11,510
<b>5. Total Cost Per Diem</b>	<b>316.9915</b>	<b>376.6677</b>	<b>709,109</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	19.4562	19.4562	A3D Allowable Resident Care Exp	40,216
B5 Allocation of D/C Expenses	179.0274	238.7033	B4 Allocation of D/C Expenses	423,937
C3 Additional Services per Diem	12.9510	12.9513	C2 Additional Services per Diem	26,770
<b>Total Resident Care Component</b>	<b>211.4346</b>	<b>271.1108</b>	<b>Total Resident Care Component</b>	<b>490,923</b>

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**Florida Agency For Health Care Administration**

**012038000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Seaview (Mentor)**  
 Provider Number: 12038000  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			133,567
B. Plant Operation			57,266
C. Laundry			0
D. Housekeeping			4,062
E. Operating Expense Component & Per Diem	88.7500	88.7500	194,895
3. Resident Care			
A. Dietary			12,701
B. Other			0
C. Nursing			32,739
D. Resident Care & Per Diem	20.6922	20.6922	45,440
4. Prop Exp & Per Diem	12.0624	12.0624	26,489
5. ROE/Use Per Diem	4.3393	4.3393	9,529
<b>B. Direct Care Expense</b>			
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	234,837.00	156,558.00	391,395.00
5. Direct Care Expense Per Diem	160.4078	213.8770	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	13,885	6,943	20,828
3. Additional Services Exp & Per Diem	9.4843	9.4850	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	88.7500	88.7500	194,895
2. Resident Care Component	190.5843	244.0542	457,663
3. Property Cost Component	12.0624	12.0624	26,489
4. ROE/Use Allow Component	4.3393	4.3393	9,529
<b>5. Total Cost Per Diem</b>	<b>295.7360</b>	<b>349.2059</b>	<b>688,576</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	20.6922	20.6922	A3D Allowable Resident Care Exp	45,440
B5 Allocation of D/C Expenses	160.4078	213.8770	B4 Allocation of D/C Expenses	391,395
C3 Additional Services per Diem	9.4843	9.4850	C2 Additional Services per Diem	20,828
<b>Total Resident Care Component</b>	<b>190.5843</b>	<b>244.0542</b>	<b>Total Resident Care Component</b>	<b>457,663</b>

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**Florida Agency For Health Care Administration**

**012040300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2014 to 7/2018

Provider Name: **Gulfview (Mentor)**  
 Provider Number: 12040300  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>328.8652</b>	<b>375.6479</b>	<b>807,800</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	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
<b>Total Resident Care Component</b>	<b>212.5782</b>	<b>259.3609</b>	<b>Total Resident Care Component</b>	<b>552,434</b>

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# Florida Agency For Health Care Administration

012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Suffridge Drive Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12073200	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,830	0	1,830
2. Operating Expenses component			
A. Administration			31,418
B. Plant Operation			35,069
C. Laundry			880
D. Housekeeping			2,499
E. Operating Expense Component & Per Diem	38.1781		69,866
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	38.1781	0.0000	69,866
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
<b>5. Total Cost Per Diem</b>	<b>306.2639</b>	<b>0.0000</b>	<b>560,463</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Suffridge Drive Group Home (SH of F)

Provider Number: 12073200
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FYE: 10/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	<b>243.6082</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>445,803</b>

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**Florida Agency For Health Care Administration**

**012074200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **Coletta Drive Group Home (SH of F)**  
 Provider Number: 12074200  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>298.7416</b>	<b>330.9869</b>	<b>580,307</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Coletta Drive Group Home (SH of F)

Provider Number: 12074200
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	18.0788	18.0788	A3D Allowable Resident Care Exp	34,404
B5 Allocation of D/C Expenses	96.7615	129.0153	B4 Allocation of D/C Expenses	195,942
C3 Additional Services per Diem	51.4457	51.4372	C2 Additional Services per Diem	97,898
<b>Total Resident Care Component</b>	166.2860	198.5313	<b>Total Resident Care Component</b>	328,244

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# Florida Agency For Health Care Administration

012074800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Spring Street Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12074800	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,098	1,098	2,196
2. Operating Expenses component			
A. Administration			14,877
B. Plant Operation			31,229
C. Laundry			584
D. Housekeeping			3,305
E. Operating Expense Component & Per Diem	22.7664	22.7664	49,995
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><u>B. Direct Care Expense</u></b>			
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	
<b><u>C. Additional Services Expense</u></b>			
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	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	22.7664	22.7664	49,995
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
<b>5. Total Cost Per Diem</b>	<b>189.7198</b>	<b>218.6217</b>	<b>448,359</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Spring Street Group Home (SH of F)

Provider Number: 12074800
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	146.7945	175.6964	<b>Total Resident Care Component</b>	354,095

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**Florida Agency For Health Care Administration**

**012075300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Walnut Street Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12075300	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			21,365
B. Plant Operation			31,257
C. Laundry			484
D. Housekeeping			3,336
E. Operating Expense Component & Per Diem	25.7022	25.7022	56,442
3. Resident Care			
A. Dietary			25,522
B. Other			0
C. Nursing			19,992
D. Resident Care & Per Diem	20.7259	20.7259	45,514
4. Prop Exp & Per Diem	33.2705	33.2705	73,062
5. ROE/Use Per Diem	1.2914	1.2914	2,836
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	25.7022	25.7022	56,442
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
<b>5. Total Cost Per Diem</b>	<b>216.1404</b>	<b>245.0293</b>	<b>495,791</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Walnut Street Group Home (SH of F)

Provider Number: 12075300
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	20.7259	20.7259	A3D Allowable Resident Care Exp	45,514
B5 Allocation of D/C Expenses	86.6914	115.5885	B4 Allocation of D/C Expenses	211,527
C3 Additional Services per Diem	48.4590	48.4508	C2 Additional Services per Diem	106,410
<b>Total Resident Care Component</b>	155.8763	184.7652	<b>Total Resident Care Component</b>	363,451

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# Florida Agency For Health Care Administration

012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Bessent Road Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12075700	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			
A. Administration			9,749
B. Plant Operation			36,821
C. Laundry			580
D. Housekeeping			2,182
E. Operating Expense Component & Per Diem	22.4645	22.4645	49,332
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	91,309	18,265	109,574
3. Additional Services Exp & Per Diem	49.8956	49.9044	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	22.4645	22.4645	49,332
2. Resident Care Component	160.1577	190.8999	362,958
3. Property Cost Component	21.2842	21.2842	46,740
4. ROE/Use Allow Component	0.7177	0.7177	1,576
<b>5. Total Cost Per Diem</b>	<b>204.6241</b>	<b>235.3663</b>	<b>460,606</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bessent Road Group Home (SH of F)

Provider Number: 12075700
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	18.0619	18.0619	A3D Allowable Resident Care Exp	39,664
B5 Allocation of D/C Expenses	92.2002	122.9336	B4 Allocation of D/C Expenses	213,720
C3 Additional Services per Diem	49.8956	49.9044	C2 Additional Services per Diem	109,574
<b>Total Resident Care Component</b>	<b>160.1577</b>	<b>190.8999</b>	<b>Total Resident Care Component</b>	<b>362,958</b>

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# Florida Agency For Health Care Administration

012075900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Frederick Avenue Group Home (SH of F)** Cost Report Entered By : Stepka, Kimber  
 Provider Number: 12075900 Rate Semester : July, 2018  
 Audit Status: Unaudited Costs Cost Report : 11/1/2015 - 10/31/2016  
 Date: 6/19/2018 Days In Reporting Period: 366  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			
A. Administration			35,156
B. Plant Operation			38,651
C. Laundry			699
D. Housekeeping			3,399
E. Operating Expense Component & Per Diem	35.4759	35.4759	77,905
3. Resident Care			
A. Dietary			25,045
B. Other			0
C. Nursing			47,861
D. Resident Care & Per Diem	33.1995	33.1995	72,906
4. Prop Exp & Per Diem	21.3147	21.3147	46,807
5. ROE/Use Per Diem	0.3616	0.3616	794
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	35.4759	35.4759	77,905
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
<b>5. Total Cost Per Diem</b>	<b>254.5358</b>	<b>287.5707</b>	<b>571,051</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Frederick Avenue Group Home (SH of F)

Provider Number: 12075900
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FYE: 10/31/2016
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	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
<b>Total Resident Care Component</b>	<b>197.3836</b>	<b>230.4185</b>	<b>Total Resident Care Component</b>	<b>445,545</b>

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# Florida Agency For Health Care Administration

012373500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **107th Place Group Home (SH of F)**  
 Provider Number: 12373500  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 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
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,446	684	2,130
2. Operating Expenses component			
A. Administration			28,708
B. Plant Operation			40,890
C. Laundry			845
D. Housekeeping			4,985
E. Operating Expense Component & Per Diem	35.4122	35.4122	75,428
3. Resident Care			
A. Dietary			26,125
B. Other			0
C. Nursing			33,024
D. Resident Care & Per Diem	27.7695	27.7695	59,149
4. Prop Exp & Per Diem	23.4300	23.4300	49,906
5. ROE/Use Per Diem	0.4531	0.4531	965
<b><u>B. Direct Care Expense</u></b>			
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	
<b><u>C. Additional Services Expense</u></b>			
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	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	35.4122	35.4122	75,428
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
<b>5. Total Cost Per Diem</b>	<b>233.7109</b>	<b>264.8407</b>	<b>519,097</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 107th Place Group Home (SH of F)

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
<b>Total Resident Care Component</b>	174.4156	205.5454	<b>Total Resident Care Component</b>	392,798

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# Florida Agency For Health Care Administration

012374200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Second Street Group Home (SH of F)** Cost Report Entered By : Stepka, Kimber  
 Provider Number: 12374200 Rate Semester : July, 2018  
 Audit Status: Unaudited Costs Cost Report : 11/1/2015 - 10/31/2016  
 Date: 6/19/2018 Days In Reporting Period: 366  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,736	0	1,736
2. Operating Expenses component			
A. Administration			23,246
B. Plant Operation			30,637
C. Laundry			621
D. Housekeeping			3,240
E. Operating Expense Component & Per Diem	33.2627		57,744
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	33.2627	0.0000	57,744
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
<b>5. Total Cost Per Diem</b>	<b>291.7921</b>	<b>0.0000</b>	<b>506,551</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Second Street Group Home (SH of F)

Provider Number: 12374200
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FYE: 10/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	<b>230.9372</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>400,907</b>

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**Florida Agency For Health Care Administration**

**012374400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Rosewood Avenue Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12374400	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			23,744
B. Plant Operation			37,022
C. Laundry			1,237
D. Housekeeping			3,649
E. Operating Expense Component & Per Diem	29.8962		65,652
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	29.8962	0.0000	65,652
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
<b>5. Total Cost Per Diem</b>	<b>227.5839</b>	<b>0.0000</b>	<b>499,774</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Rosewood Avenue Group Home (SH of F)

Provider Number: 12374400
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FYE: 10/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	176.6986	0.0000	<b>Total Resident Care Component</b>	388,030

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# Florida Agency For Health Care Administration

**012375400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **19th Street Group Home (SH of F)**  
 Provider Number: 12375400  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,325	702	2,027
2. Operating Expenses component			
A. Administration			25,531
B. Plant Operation			14,323
C. Laundry			715
D. Housekeeping			3,837
E. Operating Expense Component & Per Diem	21.9073	21.9073	44,406
3. Resident Care			
A. Dietary			25,014
B. Other			0
C. Nursing			24,598
D. Resident Care & Per Diem	24.4756	24.4756	49,612
4. Prop Exp & Per Diem	25.4480	25.4480	51,583
5. ROE/Use Per Diem	1.2407	1.2407	2,515
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	21.9073	21.9073	44,406
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
<b>5. Total Cost Per Diem</b>	<b>247.1515</b>	<b>279.5875</b>	<b>523,746</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 19th Street Group Home (SH of F)

Provider Number: 12375400
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	198.5555	230.9915	<b>Total Resident Care Component</b>	425,242

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**Florida Agency For Health Care Administration**

**012386400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Tunis Street Group Home (SH of F)**  
 Provider Number: 12386400  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			13,066
B. Plant Operation			32,477
C. Laundry			831
D. Housekeeping			3,102
E. Operating Expense Component & Per Diem	22.5301		49,476
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	22.5301	0.0000	49,476
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
<b>5. Total Cost Per Diem</b>	<b>228.0261</b>	<b>0.0000</b>	<b>500,745</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tunis Street Group Home (SH of F)

Provider Number: 12386400
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FYE: 10/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	<b>185.6863</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>407,767</b>

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**Florida Agency For Health Care Administration**

**012390800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **Plaza Oval Group Home (SH of F)**  
 Provider Number: 12390800  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>326.1347</b>	<b>0.0000</b>	<b>605,306</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Plaza Oval Group Home (SH of F)

Provider Number: 12390800
FYE: 10/31/2016

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	18.6013	0.0000	A3D Allowable Resident Care Exp	34,524
B5 Allocation of D/C Expenses	128.4795	0.0000	B4 Allocation of D/C Expenses	238,458
C3 Additional Services per Diem	45.6320	0.0000	C2 Additional Services per Diem	84,693
<b>Total Resident Care Component</b>	<b>192.7128</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>357,675</b>

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# Florida Agency For Health Care Administration

012392700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Claudia Drive Group Home (SH of F)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	12392700	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	11/1/2015 - 10/31/2016
Date:	6/19/2018	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,128	561	1,689
2. Operating Expenses component			
A. Administration			80,374
B. Plant Operation			32,565
C. Laundry			588
D. Housekeeping			4,069
E. Operating Expense Component & Per Diem	69.6246	69.6246	117,596
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
<b>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	69.6246	69.6246	117,596
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
<b>5. Total Cost Per Diem</b>	<b>320.4067</b>	<b>358.1181</b>	<b>562,323</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Claudia Drive Group Home (SH of F)

Provider Number: 12392700
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FYE: 10/31/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.7188	35.7188	A3D Allowable Resident Care Exp	60,329
B5 Allocation of D/C Expenses	113.1818	150.9090	B4 Allocation of D/C Expenses	212,329
C3 Additional Services per Diem	71.0372	71.0214	C2 Additional Services per Diem	119,973
<b>Total Resident Care Component</b>	<b>219.9378</b>	<b>257.6492</b>	<b>Total Resident Care Component</b>	<b>392,631</b>

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**Florida Agency For Health Care Administration**

**012410100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **High Desert Court Group Home (SH of F)**  
 Provider Number: 12410100  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,166	0	2,166
2. Operating Expenses component			
A. Administration			11,064
B. Plant Operation			31,782
C. Laundry			753
D. Housekeeping			2,738
E. Operating Expense Component & Per Diem	21.3929		46,337
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	21.3929	0.0000	46,337
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
<b>5. Total Cost Per Diem</b>	<b>226.3490</b>	<b>0.0000</b>	<b>490,272</b>

## Resident Care Component Per-Diem Calculation

Facility Name: High Desert Court Group Home (SH of F)

Provider Number: 12410100
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FYE: 10/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	<b>185.5799</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>401,966</b>

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**Florida Agency For Health Care Administration**

**015979000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Log Cabin Enterprises, Inc. (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	15979000	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	25,448	17,863	43,311
2. Operating Expenses component			
A. Administration			1,903,349
B. Plant Operation			1,118,171
C. Laundry			15,810
D. Housekeeping			187,652
E. Operating Expense Component & Per Diem	74.4610	74.4610	3,224,982
3. Resident Care			
A. Dietary			1,459,870
B. Other			868,205
C. Nursing			2,384,575
D. Resident Care & Per Diem	108.8095	108.8095	4,712,650
4. Prop Exp & Per Diem	11.9397	11.9397	517,119
5. ROE/Use Per Diem	3.3287	3.3287	144,171
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	12,724.00	17,863.00	30,587.00
3. Staffing Percent	0.4160	0.5840	1.0000
4. Allocation of Direct Care	1,976,485.17	2,774,752.83	4,751,238.00
5. Direct Care Expense Per Diem	77.6676	155.3352	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	25,448	17,863	43,311
2. Additional Services	385,451	270,563	656,014
3. Additional Services Exp & Per Diem	15.1466	15.1466	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	74.4610	74.4610	3,224,982
2. Resident Care Component	201.6237	279.2913	10,119,902
3. Property Cost Component	11.9397	11.9397	517,119
4. ROE/Use Allow Component	3.3287	3.3287	144,171
<b>5. Total Cost Per Diem</b>	<b>291.3531</b>	<b>369.0207</b>	<b>14,006,174</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 15979000
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.8095	108.8095	A3D Allowable Resident Care Exp	4,712,650
B5 Allocation of D/C Expenses	77.6676	155.3352	B4 Allocation of D/C Expenses	4,751,238
C3 Additional Services per Diem	15.1466	15.1466	C2 Additional Services per Diem	656,014
<b>Total Resident Care Component</b>	<b>201.6237</b>	<b>279.2913</b>	<b>Total Resident Care Component</b>	<b>10,119,902</b>

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# Florida Agency For Health Care Administration

028000300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Sandy Park Development Center**  
 Provider Number: 28000300  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 1/1/2016 - 12/31/2016  
 Days In Reporting Period: 366  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	23,263	0	23,263
2. Operating Expenses component			
A. Administration			778,198
B. Plant Operation			352,413
C. Laundry			48,322
D. Housekeeping			162,721
E. Operating Expense Component & Per Diem	57.6733		1,341,654
3. Resident Care			
A. Dietary			485,021
B. Other			0
C. Nursing			147,148
D. Resident Care & Per Diem	27.1749		632,169
4. Prop Exp & Per Diem	9.7035		225,732
5. ROE/Use Per Diem	0.0000		0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	11,631.50	0.00	11,631.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,389,821.00	0.00	3,389,821.00
5. Direct Care Expense Per Diem	145.7173	0.0000	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	23,263	0	23,263
2. Additional Services	281,718	0	281,718
3. Additional Services Exp & Per Diem	12.1101	0.0000	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	57.6733	0.0000	1,341,654
2. Resident Care Component	185.0023	0.0000	4,303,708
3. Property Cost Component	9.7035	0.0000	225,732
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>252.3791</b>	<b>0.0000</b>	<b>5,871,094</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300
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FYE: 12/31/2016
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.1749	0.0000	A3D Allowable Resident Care Exp	632,169
B5 Allocation of D/C Expenses	145.7173	0.0000	B4 Allocation of D/C Expenses	3,389,821
C3 Additional Services per Diem	12.1101	0.0000	C2 Additional Services per Diem	281,718
<b>Total Resident Care Component</b>	185.0023	0.0000	<b>Total Resident Care Component</b>	4,303,708

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**Florida Agency For Health Care Administration**

**028018601**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **St. Petersburg Cluster (Sunrise)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28018601

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,416	6,625	8,041
2. Operating Expenses component			
A. Administration			422,871
B. Plant Operation			191,304
C. Laundry			4,197
D. Housekeeping			70,362
E. Operating Expense Component & Per Diem	85.6528	85.6528	688,734
3. Resident Care			
A. Dietary			144,371
B. Other			88,167
C. Nursing			639,877
D. Resident Care & Per Diem	108.4958	108.4958	872,415
4. Prop Exp & Per Diem	14.9873	14.9873	120,513
5. ROE/Use Per Diem	1.8666	1.8666	15,009
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	708.00	6,625.00	7,333.00
3. Staffing Percent	0.0965	0.9035	1.0000
4. Allocation of Direct Care	132,091.57	1,236,026.43	1,368,118.00
5. Direct Care Expense Per Diem	93.2850	186.5700	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,416	6,625	8,041
2. Additional Services	14,489	67,791	82,280
3. Additional Services Exp & Per Diem	10.2323	10.2326	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	85.6528	85.6528	688,734
2. Resident Care Component	212.0131	305.2984	2,322,813
3. Property Cost Component	14.9873	14.9873	120,513
4. ROE/Use Allow Component	1.8666	1.8666	15,009
<b>5. Total Cost Per Diem</b>	<b>314.5198</b>	<b>407.8051</b>	<b>3,147,069</b>

## Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.4958	108.4958	A3D Allowable Resident Care Exp	872,415
B5 Allocation of D/C Expenses	93.2850	186.5700	B4 Allocation of D/C Expenses	1,368,118
C3 Additional Services per Diem	10.2323	10.2326	C2 Additional Services per Diem	82,280
<b>Total Resident Care Component</b>	<b>212.0131</b>	<b>305.2984</b>	<b>Total Resident Care Component</b>	<b>2,322,813</b>

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# Florida Agency For Health Care Administration

028019401

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Laurel Hill Cluster**  
 Provider Number: 28019401  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,258	8,258
2. Operating Expenses component			
A. Administration			714,422
B. Plant Operation			334,084
C. Laundry			67,809
D. Housekeeping			44,705
E. Operating Expense Component & Per Diem	140.5934	140.5934	1,161,020
3. Resident Care			
A. Dietary			160,366
B. Other			293,316
C. Nursing			1,252,313
D. Resident Care & Per Diem	206.5869	206.5869	1,705,995
4. Prop Exp & Per Diem	0.0000	0.0000	0
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,258.00	8,258.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,524,711.00	1,524,711.00
5. Direct Care Expense Per Diem	92.3172	184.6344	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,258	8,258
2. Additional Services	0	15,030	15,030
3. Additional Services Exp & Per Diem	1.8201	1.8201	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	140.5934	140.5934	1,161,020
2. Resident Care Component	300.7242	393.0414	3,245,736
3. Property Cost Component	0.0000	0.0000	0
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>441.3176</b>	<b>533.6348</b>	<b>4,406,756</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
FYE: 09/30/2017

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	206.5869	206.5869	A3D Allowable Resident Care Exp	1,705,995
B5 Allocation of D/C Expenses	92.3172	184.6344	B4 Allocation of D/C Expenses	1,524,711
C3 Additional Services per Diem	1.8201	1.8201	C2 Additional Services per Diem	15,030
<b>Total Resident Care Component</b>	<b>300.7242</b>	<b>393.0414</b>	<b>Total Resident Care Component</b>	<b>3,245,736</b>

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**Florida Agency For Health Care Administration**

**028020801**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **McCauley Cluster (Sunrise)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28020801

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,156	5,945	8,101
2. Operating Expenses component			
A. Administration			407,654
B. Plant Operation			144,688
C. Laundry			5,149
D. Housekeeping			30,345
E. Operating Expense Component & Per Diem	72.5634	72.5634	587,836
3. Resident Care			
A. Dietary			146,568
B. Other			101,144
C. Nursing			520,266
D. Resident Care & Per Diem	94.8004	94.8004	767,978
4. Prop Exp & Per Diem	12.4899	12.4899	101,181
5. ROE/Use Per Diem	1.9172	1.9172	15,531
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,078.00	5,945.00	7,023.00
3. Staffing Percent	0.1535	0.8465	1.0000
4. Allocation of Direct Care	265,250.94	1,462,817.06	1,728,068.00
5. Direct Care Expense Per Diem	123.0292	246.0584	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,156	5,945	8,101
2. Additional Services	15,125	41,705	56,830
3. Additional Services Exp & Per Diem	7.0153	7.0151	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	72.5634	72.5634	587,836
2. Resident Care Component	224.8449	347.8739	2,552,876
3. Property Cost Component	12.4899	12.4899	101,181
4. ROE/Use Allow Component	1.9172	1.9172	15,531
<b>5. Total Cost Per Diem</b>	<b>311.8154</b>	<b>434.8444</b>	<b>3,257,424</b>

## Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.8004	94.8004	A3D Allowable Resident Care Exp	767,978
B5 Allocation of D/C Expenses	123.0292	246.0584	B4 Allocation of D/C Expenses	1,728,068
C3 Additional Services per Diem	7.0153	7.0151	C2 Additional Services per Diem	56,830
<b>Total Resident Care Component</b>	<b>224.8449</b>	<b>347.8739</b>	<b>Total Resident Care Component</b>	<b>2,552,876</b>

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# Florida Agency For Health Care Administration

028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Greentree Court Cluster (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28028301	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,565	5,519	8,084
2. Operating Expenses component			
A. Administration			418,096
B. Plant Operation			163,609
C. Laundry			1,687
D. Housekeeping			44,978
E. Operating Expense Component & Per Diem	77.7301	77.7301	628,370
3. Resident Care			
A. Dietary			129,262
B. Other			136,248
C. Nursing			628,334
D. Resident Care & Per Diem	110.5695	110.5695	893,844
4. Prop Exp & Per Diem	12.4539	12.4539	100,677
5. ROE/Use Per Diem	0.9814	0.9814	7,934
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,282.50	5,519.00	6,801.50
3. Staffing Percent	0.1886	0.8114	1.0000
4. Allocation of Direct Care	237,346.89	1,021,378.11	1,258,725.00
5. Direct Care Expense Per Diem	92.5329	185.0658	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,565	5,519	8,084
2. Additional Services	37,982	81,723	119,705
3. Additional Services Exp & Per Diem	14.8078	14.8076	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	77.7301	77.7301	628,370
2. Resident Care Component	217.9102	310.4429	2,272,274
3. Property Cost Component	12.4539	12.4539	100,677
4. ROE/Use Allow Component	0.9814	0.9814	7,934
<b>5. Total Cost Per Diem</b>	<b>309.0756</b>	<b>401.6083</b>	<b>3,009,255</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.5695	110.5695	A3D Allowable Resident Care Exp	893,844
B5 Allocation of D/C Expenses	92.5329	185.0658	B4 Allocation of D/C Expenses	1,258,725
C3 Additional Services per Diem	14.8078	14.8076	C2 Additional Services per Diem	119,705
<b>Total Resident Care Component</b>	<b>217.9102</b>	<b>310.4429</b>	<b>Total Resident Care Component</b>	<b>2,272,274</b>

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# Florida Agency For Health Care Administration

028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Mahan Cluster (Sunrise)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28029101

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,745	4,610	8,355
2. Operating Expenses component			
A. Administration			406,013
B. Plant Operation			117,080
C. Laundry			5,583
D. Housekeeping			40,474
E. Operating Expense Component & Per Diem	68.1209	68.1209	569,150
3. Resident Care			
A. Dietary			167,202
B. Other			112,667
C. Nursing			553,384
D. Resident Care & Per Diem	99.7311	99.7311	833,253
4. Prop Exp & Per Diem	13.0675	13.0675	109,179
5. ROE/Use Per Diem	1.7183	1.7183	14,356
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,872.50	4,610.00	6,482.50
3. Staffing Percent	0.2889	0.7111	1.0000
4. Allocation of Direct Care	492,959.86	1,213,642.14	1,706,602.00
5. Direct Care Expense Per Diem	131.6315	263.2629	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,745	4,610	8,355
2. Additional Services	22,237	27,374	49,611
3. Additional Services Exp & Per Diem	5.9378	5.9380	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	68.1209	68.1209	569,150
2. Resident Care Component	237.3004	368.9320	2,589,466
3. Property Cost Component	13.0675	13.0675	109,179
4. ROE/Use Allow Component	1.7183	1.7183	14,356
<b>5. Total Cost Per Diem</b>	<b>320.2071</b>	<b>451.8387</b>	<b>3,282,151</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.7311	99.7311	A3D Allowable Resident Care Exp	833,253
B5 Allocation of D/C Expenses	131.6315	263.2629	B4 Allocation of D/C Expenses	1,706,602
C3 Additional Services per Diem	5.9378	5.9380	C2 Additional Services per Diem	49,611
<b>Total Resident Care Component</b>	<b>237.3004</b>	<b>368.9320</b>	<b>Total Resident Care Component</b>	<b>2,589,466</b>

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**Florida Agency For Health Care Administration**

**028030501**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Lake City Cluster**  
 Provider Number: 28030501  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,283	8,283
2. Operating Expenses component			
A. Administration			400,543
B. Plant Operation			123,688
C. Laundry			61,471
D. Housekeeping			7,381
E. Operating Expense Component & Per Diem	71.6024	71.6024	593,083
3. Resident Care			
A. Dietary			160,071
B. Other			0
C. Nursing			336,384
D. Resident Care & Per Diem	59.9366	59.9366	496,455
4. Prop Exp & Per Diem	12.9989	12.9989	107,670
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,283.00	8,283.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	867,315.00	867,315.00
5. Direct Care Expense Per Diem	52.3551	104.7102	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,283	8,283
2. Additional Services	0	247,227	247,227
3. Additional Services Exp & Per Diem	29.8475	29.8475	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	71.6024	71.6024	593,083
2. Resident Care Component	142.1392	194.4943	1,610,997
3. Property Cost Component	12.9989	12.9989	107,670
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>226.7405</b>	<b>279.0956</b>	<b>2,311,750</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.9366	59.9366	A3D Allowable Resident Care Exp	496,455
B5 Allocation of D/C Expenses	52.3551	104.7102	B4 Allocation of D/C Expenses	867,315
C3 Additional Services per Diem	29.8475	29.8475	C2 Additional Services per Diem	247,227
<b>Total Resident Care Component</b>	142.1392	194.4943	<b>Total Resident Care Component</b>	<b>1,610,997</b>

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**Florida Agency For Health Care Administration**

**028031301**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Bayshore Cluster (Sunrise)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28031301

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	28	8,438	8,466
2. Operating Expenses component			
A. Administration			417,621
B. Plant Operation			138,289
C. Laundry			2,716
D. Housekeeping			34,659
E. Operating Expense Component & Per Diem	70.0785	70.0785	593,285
3. Resident Care			
A. Dietary			154,257
B. Other			168,550
C. Nursing			544,491
D. Resident Care & Per Diem	102.4448	102.4448	867,298
4. Prop Exp & Per Diem	11.1883	11.1883	94,720
5. ROE/Use Per Diem	1.5072	1.5072	12,760
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	14.00	8,438.00	8,452.00
3. Staffing Percent	0.0017	0.9983	1.0000
4. Allocation of Direct Care	2,426.68	1,462,596.32	1,465,023.00
5. Direct Care Expense Per Diem	86.6671	173.3345	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	28	8,438	8,466
2. Additional Services	351	105,743	106,094
3. Additional Services Exp & Per Diem	12.5357	12.5318	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	70.0785	70.0785	593,285
2. Resident Care Component	201.6476	288.3111	2,438,415
3. Property Cost Component	11.1883	11.1883	94,720
4. ROE/Use Allow Component	1.5072	1.5072	12,760
<b>5. Total Cost Per Diem</b>	<b>284.4216</b>	<b>371.0851</b>	<b>3,139,180</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bayshore Cluster (Sunrise)

Provider Number: 28031301
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.4448	102.4448	A3D Allowable Resident Care Exp	867,298
B5 Allocation of D/C Expenses	86.6671	173.3345	B4 Allocation of D/C Expenses	1,465,023
C3 Additional Services per Diem	12.5357	12.5318	C2 Additional Services per Diem	106,094
<b>Total Resident Care Component</b>	<b>201.6476</b>	<b>288.3111</b>	<b>Total Resident Care Component</b>	<b>2,438,415</b>

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**Florida Agency For Health Care Administration**

**028032101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Gainesville 39th Avenue Cluster (Res-Care)**  
 Provider Number: 28032101  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	7,380	7,380
2. Operating Expenses component			
A. Administration			431,717
B. Plant Operation			131,286
C. Laundry			652
D. Housekeeping			7,122
E. Operating Expense Component & Per Diem	77.3411	77.3411	570,777
3. Resident Care			
A. Dietary			157,085
B. Other			0
C. Nursing			570,644
D. Resident Care & Per Diem	98.6083	98.6083	727,729
4. Prop Exp & Per Diem	9.6402	9.6402	71,145
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,380.00	7,380.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	724,595.00	724,595.00
5. Direct Care Expense Per Diem	49.0918	98.1836	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	7,380	7,380
2. Additional Services	0	208,859	208,859
3. Additional Services Exp & Per Diem	28.3007	28.3007	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	77.3411	77.3411	570,777
2. Resident Care Component	176.0008	225.0926	1,661,183
3. Property Cost Component	9.6402	9.6402	71,145
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>262.9821</b>	<b>312.0739</b>	<b>2,303,105</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	98.6083	98.6083	A3D Allowable Resident Care Exp	727,729
B5 Allocation of D/C Expenses	49.0918	98.1836	B4 Allocation of D/C Expenses	724,595
C3 Additional Services per Diem	28.3007	28.3007	C2 Additional Services per Diem	208,859
<b>Total Resident Care Component</b>	176.0008	225.0926	<b>Total Resident Care Component</b>	<b>1,661,183</b>

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# Florida Agency For Health Care Administration

**028035600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>PARC Center Apartments</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28035600	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	10/1/2016 - 9/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	13,478	3,610	17,088
2. Operating Expenses component			
A. Administration			1,031,005
B. Plant Operation			176,589
C. Laundry			12,755
D. Housekeeping			56,511
E. Operating Expense Component & Per Diem	74.7226	74.7226	1,276,860
3. Resident Care			
A. Dietary			255,767
B. Other			0
C. Nursing			749,716
D. Resident Care & Per Diem	58.8415	58.8415	1,005,483
4. Prop Exp & Per Diem	13.7025	13.7025	234,149
5. ROE/Use Per Diem	0.9122	0.9122	15,588
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,739.00	3,610.00	10,349.00
3. Staffing Percent	0.6512	0.3488	1.0000
4. Allocation of Direct Care	2,676,682.76	1,433,866.24	4,110,549.00
5. Direct Care Expense Per Diem	198.5964	397.1929	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	13,478	3,610	17,088
2. Additional Services	244,938	65,605	310,543
3. Additional Services Exp & Per Diem	18.1732	18.1731	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	74.7226	74.7226	1,276,860
2. Resident Care Component	275.6111	474.2075	5,426,575
3. Property Cost Component	13.7025	13.7025	234,149
4. ROE/Use Allow Component	0.9122	0.9122	15,588
<b>5. Total Cost Per Diem</b>	<b>364.9484</b>	<b>563.5448</b>	<b>6,953,172</b>

## Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	58.8415	58.8415	A3D Allowable Resident Care Exp	1,005,483
B5 Allocation of D/C Expenses	198.5964	397.1929	B4 Allocation of D/C Expenses	4,110,549
C3 Additional Services per Diem	18.1732	18.1731	C2 Additional Services per Diem	310,543
<b>Total Resident Care Component</b>	<b>275.6111</b>	<b>474.2075</b>	<b>Total Resident Care Component</b>	<b>5,426,575</b>

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# Florida Agency For Health Care Administration

**028036401**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28036401

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,279	8,279
2. Operating Expenses component			
A. Administration			768,326
B. Plant Operation			216,123
C. Laundry			70,558
D. Housekeeping			22,921
E. Operating Expense Component & Per Diem	130.2003	130.2003	1,077,928
3. Resident Care			
A. Dietary			153,696
B. Other			221,226
C. Nursing			1,485,237
D. Resident Care & Per Diem	224.6840	224.6840	1,860,159
4. Prop Exp & Per Diem	19.1917	19.1917	158,888
5. ROE/Use Per Diem	3.7816	3.7816	31,308
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,279.00	8,279.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,808,654.00	1,808,654.00
5. Direct Care Expense Per Diem	109.2315	218.4629	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,279	8,279
2. Additional Services	0	66,368	66,368
3. Additional Services Exp & Per Diem	8.0164	8.0164	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	130.2003	130.2003	1,077,928
2. Resident Care Component	341.9319	451.1633	3,735,181
3. Property Cost Component	19.1917	19.1917	158,888
4. ROE/Use Allow Component	3.7816	3.7816	31,308
<b>5. Total Cost Per Diem</b>	<b>495.1055</b>	<b>604.3369</b>	<b>5,003,305</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401
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FYE: 09/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	224.6840	224.6840	A3D Allowable Resident Care Exp	1,860,159
B5 Allocation of D/C Expenses	109.2315	218.4629	B4 Allocation of D/C Expenses	1,808,654
C3 Additional Services per Diem	8.0164	8.0164	C2 Additional Services per Diem	66,368
<b>Total Resident Care Component</b>	<b>341.9319</b>	<b>451.1633</b>	<b>Total Resident Care Component</b>	<b>3,735,181</b>

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**Florida Agency For Health Care Administration**

**028037201**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Kiswani, Farah

Provider Number: 28037201

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	7,924	7,924
2. Operating Expenses component			
A. Administration			391,056
B. Plant Operation			216,021
C. Laundry			0
D. Housekeeping			40,522
E. Operating Expense Component & Per Diem	81.7263	81.7263	647,599
3. Resident Care			
A. Dietary			160,589
B. Other			0
C. Nursing			543,463
D. Resident Care & Per Diem	88.8506	88.8506	704,052
4. Prop Exp & Per Diem	10.0244	10.0244	79,433
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,924.00	7,924.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,488,350.00	1,488,350.00
5. Direct Care Expense Per Diem	93.9141	187.8281	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	7,924	7,924
2. Additional Services	0	160,279	160,279
3. Additional Services Exp & Per Diem	20.2270	20.2270	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	81.7263	81.7263	647,599
2. Resident Care Component	202.9917	296.9057	2,352,681
3. Property Cost Component	10.0244	10.0244	79,433
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>294.7424</b>	<b>388.6564</b>	<b>3,079,713</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2017

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.8506	88.8506	A3D Allowable Resident Care Exp	704,052
B5 Allocation of D/C Expenses	93.9141	187.8281	B4 Allocation of D/C Expenses	1,488,350
C3 Additional Services per Diem	20.2270	20.2270	C2 Additional Services per Diem	160,279
<b>Total Resident Care Component</b>	<b>202.9917</b>	<b>296.9057</b>	<b>Total Resident Care Component</b>	<b>2,352,681</b>

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**Florida Agency For Health Care Administration**

**028038101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Ocala Cluster (Res-Care)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28038101

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,584	8,584
2. Operating Expenses component			
A. Administration			413,584
B. Plant Operation			142,268
C. Laundry			54,859
D. Housekeeping			18,430
E. Operating Expense Component & Per Diem	73.2923	73.2923	629,141
3. Resident Care			
A. Dietary			158,934
B. Other			0
C. Nursing			334,828
D. Resident Care & Per Diem	57.5212	57.5212	493,762
4. Prop Exp & Per Diem	11.2356	11.2356	96,446
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,584.00	8,584.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	868,190.00	868,190.00
5. Direct Care Expense Per Diem	50.5703	101.1405	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,584	8,584
2. Additional Services	0	227,915	227,915
3. Additional Services Exp & Per Diem	26.5511	26.5511	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	73.2923	73.2923	629,141
2. Resident Care Component	134.6426	185.2128	1,589,867
3. Property Cost Component	11.2356	11.2356	96,446
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>219.1705</b>	<b>269.7407</b>	<b>2,315,454</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	57.5212	57.5212	A3D Allowable Resident Care Exp	493,762
B5 Allocation of D/C Expenses	50.5703	101.1405	B4 Allocation of D/C Expenses	868,190
C3 Additional Services per Diem	26.5511	26.5511	C2 Additional Services per Diem	227,915
<b>Total Resident Care Component</b>	134.6426	185.2128	<b>Total Resident Care Component</b>	<b>1,589,867</b>

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# Florida Agency For Health Care Administration

**028040201**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Williams Road Cluster**  
 Provider Number: 28040201  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	7,092	7,457
2. Operating Expenses component			
A. Administration			676,520
B. Plant Operation			204,235
C. Laundry			64,647
D. Housekeeping			28,427
E. Operating Expense Component & Per Diem	130.5926	130.5926	973,829
3. Resident Care			
A. Dietary			146,912
B. Other			293,105
C. Nursing			1,227,736
D. Resident Care & Per Diem	223.6493	223.6493	1,667,753
4. Prop Exp & Per Diem	24.3141	24.3141	181,310
5. ROE/Use Per Diem	3.5863	3.5863	26,743
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	7,092.00	7,274.50
3. Staffing Percent	0.0251	0.9749	1.0000
4. Allocation of Direct Care	37,859.12	1,471,215.88	1,509,075.00
5. Direct Care Expense Per Diem	103.7236	207.4472	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	7,092	7,457
2. Additional Services	3,210	124,758	127,968
3. Additional Services Exp & Per Diem	8.7945	17.5914	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	130.5926	130.5926	973,829
2. Resident Care Component	336.1674	448.6879	3,304,796
3. Property Cost Component	24.3141	24.3141	181,310
4. ROE/Use Allow Component	3.5863	3.5863	26,743
<b>5. Total Cost Per Diem</b>	<b>494.6604</b>	<b>607.1809</b>	<b>4,486,678</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	223.6493	223.6493	A3D Allowable Resident Care Exp	1,667,753
B5 Allocation of D/C Expenses	103.7236	207.4472	B4 Allocation of D/C Expenses	1,509,075
C3 Additional Services per Diem	8.7945	17.5914	C2 Additional Services per Diem	127,968
<b>Total Resident Care Component</b>	<b>336.1674</b>	<b>448.6879</b>	<b>Total Resident Care Component</b>	<b>3,304,796</b>

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**Florida Agency For Health Care Administration**

**028041101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **MCP 80th Street**  
 Provider Number: 28041101  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,676	8,676
2. Operating Expenses component			
A. Administration			446,040
B. Plant Operation			289,629
C. Laundry			37,255
D. Housekeeping			65,856
E. Operating Expense Component & Per Diem	96.6782	96.6782	838,780
3. Resident Care			
A. Dietary			166,881
B. Other			0
C. Nursing			925,444
D. Resident Care & Per Diem	125.9019	125.9019	1,092,325
4. Prop Exp & Per Diem	39.6325	39.6325	343,852
5. ROE/Use Per Diem	2.8881	2.8881	25,057
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,676.00	8,676.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,645,694.00	1,645,694.00
5. Direct Care Expense Per Diem	94.8418	189.6835	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,676	8,676
2. Additional Services	0	110,384	110,384
3. Additional Services Exp & Per Diem	12.7229	12.7229	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	96.6782	96.6782	838,780
2. Resident Care Component	233.4666	328.3083	2,848,403
3. Property Cost Component	39.6325	39.6325	343,852
4. ROE/Use Allow Component	2.8881	2.8881	25,057
<b>5. Total Cost Per Diem</b>	<b>372.6654</b>	<b>467.5071</b>	<b>4,056,092</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	125.9019	125.9019	A3D Allowable Resident Care Exp	1,092,325
B5 Allocation of D/C Expenses	94.8418	189.6835	B4 Allocation of D/C Expenses	1,645,694
C3 Additional Services per Diem	12.7229	12.7229	C2 Additional Services per Diem	110,384
<b>Total Resident Care Component</b>	<b>233.4666</b>	<b>328.3083</b>	<b>Total Resident Care Component</b>	<b>2,848,403</b>

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**Florida Agency For Health Care Administration**

**028045301**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: <b>MCP Braddock</b>	Cost Report Entered By : Stepka, Kimber
Provider Number: 28045301	Rate Semester : July, 2018
Audit Status: Unaudited Costs	Cost Report : 7/1/2016 - 6/30/2017
Date: 6/19/2018	Days In Reporting Period: 365
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,630	8,630
2. Operating Expenses component			
A. Administration			460,969
B. Plant Operation			321,317
C. Laundry			42,990
D. Housekeeping			54,186
E. Operating Expense Component & Per Diem	101.9075	101.9075	879,462
3. Resident Care			
A. Dietary			148,342
B. Other			0
C. Nursing			1,028,107
D. Resident Care & Per Diem	136.3209	136.3209	1,176,449
4. Prop Exp & Per Diem	39.6896	39.6896	342,521
5. ROE/Use Per Diem	2.4192	2.4192	20,878
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,630.00	8,630.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,786,314.00	1,786,314.00
5. Direct Care Expense Per Diem	103.4945	206.9889	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,630	8,630
2. Additional Services	0	110,975	110,975
3. Additional Services Exp & Per Diem	12.8592	12.8592	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	101.9075	101.9075	879,462
2. Resident Care Component	252.6746	356.1690	3,073,738
3. Property Cost Component	39.6896	39.6896	342,521
4. ROE/Use Allow Component	2.4192	2.4192	20,878
<b>5. Total Cost Per Diem</b>	<b>396.6909</b>	<b>500.1853</b>	<b>4,316,599</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2017

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	136.3209	136.3209	A3D Allowable Resident Care Exp	1,176,449
B5 Allocation of D/C Expenses	103.4945	206.9889	B4 Allocation of D/C Expenses	1,786,314
C3 Additional Services per Diem	12.8592	12.8592	C2 Additional Services per Diem	110,975
<b>Total Resident Care Component</b>	<b>252.6746</b>	<b>356.1690</b>	<b>Total Resident Care Component</b>	<b>3,073,738</b>

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**Florida Agency For Health Care Administration**

**028046101**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **MCP 2nd Street**  
 Provider Number: 28046101  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,434	8,434
2. Operating Expenses component			
A. Administration			460,163
B. Plant Operation			263,346
C. Laundry			36,743
D. Housekeeping			58,265
E. Operating Expense Component & Per Diem	97.0497	97.0497	818,517
3. Resident Care			
A. Dietary			164,355
B. Other			0
C. Nursing			977,145
D. Resident Care & Per Diem	135.3450	135.3450	1,141,500
4. Prop Exp & Per Diem	40.2562	40.2562	339,521
5. ROE/Use Per Diem	2.8468	2.8468	24,010
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,434.00	8,434.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,805,708.00	1,805,708.00
5. Direct Care Expense Per Diem	107.0493	214.0986	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,434	8,434
2. Additional Services	0	111,022	111,022
3. Additional Services Exp & Per Diem	13.1636	13.1636	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	97.0497	97.0497	818,517
2. Resident Care Component	255.5579	362.6072	3,058,230
3. Property Cost Component	40.2562	40.2562	339,521
4. ROE/Use Allow Component	2.8468	2.8468	24,010
<b>5. Total Cost Per Diem</b>	<b>395.7106</b>	<b>502.7599</b>	<b>4,240,278</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	135.3450	135.3450	A3D Allowable Resident Care Exp	1,141,500
B5 Allocation of D/C Expenses	107.0493	214.0986	B4 Allocation of D/C Expenses	1,805,708
C3 Additional Services per Diem	13.1636	13.1636	C2 Additional Services per Diem	111,022
<b>Total Resident Care Component</b>	<b>255.5579</b>	<b>362.6072</b>	<b>Total Resident Care Component</b>	<b>3,058,230</b>

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**Florida Agency For Health Care Administration**

**028048801**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>MCP Sunset</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28048801	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,667	8,667
2. Operating Expenses component			
A. Administration			467,978
B. Plant Operation			286,473
C. Laundry			37,687
D. Housekeeping			58,311
E. Operating Expense Component & Per Diem	98.1250	98.1250	850,449
3. Resident Care			
A. Dietary			160,348
B. Other			0
C. Nursing			1,032,123
D. Resident Care & Per Diem	137.5875	137.5875	1,192,471
4. Prop Exp & Per Diem	37.9260	37.9260	328,705
5. ROE/Use Per Diem	2.8475	2.8475	24,679
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,667.00	8,667.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,720,694.00	1,720,694.00
5. Direct Care Expense Per Diem	99.2670	198.5340	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,667	8,667
2. Additional Services	0	121,764	121,764
3. Additional Services Exp & Per Diem	14.0492	14.0492	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	98.1250	98.1250	850,449
2. Resident Care Component	250.9037	350.1707	3,034,929
3. Property Cost Component	37.9260	37.9260	328,705
4. ROE/Use Allow Component	2.8475	2.8475	24,679
<b>5. Total Cost Per Diem</b>	<b>389.8022</b>	<b>489.0692</b>	<b>4,238,762</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801
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FYE: 06/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	137.5875	137.5875	A3D Allowable Resident Care Exp	1,192,471
B5 Allocation of D/C Expenses	99.2670	198.5340	B4 Allocation of D/C Expenses	1,720,694
C3 Additional Services per Diem	14.0492	14.0492	C2 Additional Services per Diem	121,764
<b>Total Resident Care Component</b>	<b>250.9037</b>	<b>350.1707</b>	<b>Total Resident Care Component</b>	<b>3,034,929</b>

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**Florida Agency For Health Care Administration**

**028049601**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Dorchester Cluster (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28049601	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,565	5,519	8,084
2. Operating Expenses component			
A. Administration			405,576
B. Plant Operation			121,502
C. Laundry			5,584
D. Housekeeping			37,663
E. Operating Expense Component & Per Diem	70.5499	70.5499	570,325
3. Resident Care			
A. Dietary			135,886
B. Other			117,052
C. Nursing			570,423
D. Resident Care & Per Diem	101.8507	101.8507	823,361
4. Prop Exp & Per Diem	15.4578	15.4578	124,961
5. ROE/Use Per Diem	1.3897	1.3897	11,234
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,282.50	5,519.00	6,801.50
3. Staffing Percent	0.1886	0.8114	1.0000
4. Allocation of Direct Care	323,197.17	1,390,818.83	1,714,016.00
5. Direct Care Expense Per Diem	126.0028	252.0056	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,565	5,519	8,084
2. Additional Services	18,279	39,329	57,608
3. Additional Services Exp & Per Diem	7.1263	7.1261	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	70.5499	70.5499	570,325
2. Resident Care Component	234.9798	360.9824	2,594,985
3. Property Cost Component	15.4578	15.4578	124,961
4. ROE/Use Allow Component	1.3897	1.3897	11,234
<b>5. Total Cost Per Diem</b>	<b>322.3772</b>	<b>448.3798</b>	<b>3,301,505</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	101.8507	101.8507	A3D Allowable Resident Care Exp	823,361
B5 Allocation of D/C Expenses	126.0028	252.0056	B4 Allocation of D/C Expenses	1,714,016
C3 Additional Services per Diem	7.1263	7.1261	C2 Additional Services per Diem	57,608
<b>Total Resident Care Component</b>	<b>234.9798</b>	<b>360.9824</b>	<b>Total Resident Care Component</b>	<b>2,594,985</b>

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**Florida Agency For Health Care Administration**

**028059300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>146th Place Grp Home #10 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28059300	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			60,024
B. Plant Operation			23,741
C. Laundry			363
D. Housekeeping			1,550
E. Operating Expense Component & Per Diem	39.1224		85,678
3. Resident Care			
A. Dietary			15,217
B. Other			44,305
C. Nursing			6,705
D. Resident Care & Per Diem	30.2406		66,227
4. Prop Exp & Per Diem	14.8950		32,620
5. ROE/Use Per Diem	0.4384		960
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	291,401.00	0.00	291,401.00
5. Direct Care Expense Per Diem	133.0598	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	11,095	0	11,095
3. Additional Services Exp & Per Diem	5.0662	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	39.1224	0.0000	85,678
2. Resident Care Component	168.3666	0.0000	368,723
3. Property Cost Component	14.8950	0.0000	32,620
4. ROE/Use Allow Component	0.4384	0.0000	960
<b>5. Total Cost Per Diem</b>	<b>222.8224</b>	<b>0.0000</b>	<b>487,981</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.2406	0.0000	A3D Allowable Resident Care Exp	66,227
B5 Allocation of D/C Expenses	133.0598	0.0000	B4 Allocation of D/C Expenses	291,401
C3 Additional Services per Diem	5.0662	0.0000	C2 Additional Services per Diem	11,095
<b>Total Resident Care Component</b>	<b>168.3666</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>368,723</b>

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**Florida Agency For Health Care Administration**

**028062300**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>119th Street Grp Home #11 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28062300	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,460	730	2,190
2. Operating Expenses component			
A. Administration			61,085
B. Plant Operation			22,347
C. Laundry			686
D. Housekeeping			1,559
E. Operating Expense Component & Per Diem	39.1219	39.1219	85,677
3. Resident Care			
A. Dietary			16,602
B. Other			55,548
C. Nursing			12,913
D. Resident Care & Per Diem	38.8416	38.8416	85,063
4. Prop Exp & Per Diem	10.0895	10.0895	22,096
5. ROE/Use Per Diem	0.4425	0.4425	969
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,095.00	730.00	1,825.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	183,027.00	122,018.00	305,045.00
5. Direct Care Expense Per Diem	125.3610	167.1479	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,460	730	2,190
2. Additional Services	11,649	5,824	17,473
3. Additional Services Exp & Per Diem	7.9788	7.9781	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	39.1219	39.1219	85,677
2. Resident Care Component	172.1814	213.9676	407,581
3. Property Cost Component	10.0895	10.0895	22,096
4. ROE/Use Allow Component	0.4425	0.4425	969
<b>5. Total Cost Per Diem</b>	<b>221.8353</b>	<b>263.6215</b>	<b>516,323</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.8416	38.8416	A3D Allowable Resident Care Exp	85,063
B5 Allocation of D/C Expenses	125.3610	167.1479	B4 Allocation of D/C Expenses	305,045
C3 Additional Services per Diem	7.9788	7.9781	C2 Additional Services per Diem	17,473
<b>Total Resident Care Component</b>	172.1814	213.9676	<b>Total Resident Care Component</b>	407,581

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**Florida Agency For Health Care Administration**

**028065800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>22nd Street Grp Home #6 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28065800	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,930	0	1,930
2. Operating Expenses component			
A. Administration			61,874
B. Plant Operation			40,474
C. Laundry			273
D. Housekeeping			1,470
E. Operating Expense Component & Per Diem	53.9332		104,091
3. Resident Care			
A. Dietary			17,100
B. Other			53,801
C. Nursing			0
D. Resident Care & Per Diem	36.7363		70,901
4. Prop Exp & Per Diem	16.7927		32,410
5. ROE/Use Per Diem	0.3658		706
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,447.50	0.00	1,447.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	263,305.00	0.00	263,305.00
5. Direct Care Expense Per Diem	136.4275	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,930	0	1,930
2. Additional Services	15,258	0	15,258
3. Additional Services Exp & Per Diem	7.9057	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	53.9332	0.0000	104,091
2. Resident Care Component	181.0695	0.0000	349,464
3. Property Cost Component	16.7927	0.0000	32,410
4. ROE/Use Allow Component	0.3658	0.0000	706
<b>5. Total Cost Per Diem</b>	<b>252.1612</b>	<b>0.0000</b>	<b>486,671</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.7363	0.0000	A3D Allowable Resident Care Exp	70,901
B5 Allocation of D/C Expenses	136.4275	0.0000	B4 Allocation of D/C Expenses	263,305
C3 Additional Services per Diem	7.9057	0.0000	C2 Additional Services per Diem	15,258
<b>Total Resident Care Component</b>	181.0695	0.0000	<b>Total Resident Care Component</b>	349,464

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# Florida Agency For Health Care Administration

**028427100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Fern Park Developmental Center**  
 Provider Number: 28427100  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 3/1/2016 - 2/28/2017  
 Days In Reporting Period: 365  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,015	18,964	22,979
2. Operating Expenses component			
A. Administration			981,376
B. Plant Operation			333,840
C. Laundry			43,221
D. Housekeeping			140,772
E. Operating Expense Component & Per Diem	65.2426	65.2426	1,499,209
3. Resident Care			
A. Dietary			418,321
B. Other			0
C. Nursing			1,017,228
D. Resident Care & Per Diem	62.4722	62.4722	1,435,549
4. Prop Exp & Per Diem	20.5202	20.5202	471,534
5. ROE/Use Per Diem	0.1189	0.1189	2,733
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,007.50	18,964.00	20,971.50
3. Staffing Percent	0.0957	0.9043	1.0000
4. Allocation of Direct Care	308,951.96	2,918,538.04	3,227,490.00
5. Direct Care Expense Per Diem	76.9494	153.8989	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,015	18,964	22,979
2. Additional Services	33,117	156,422	189,539
3. Additional Services Exp & Per Diem	8.2483	8.2484	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	65.2426	65.2426	1,499,209
2. Resident Care Component	147.6699	224.6195	4,852,578
3. Property Cost Component	20.5202	20.5202	471,534
4. ROE/Use Allow Component	0.1189	0.1189	2,733
<b>5. Total Cost Per Diem</b>	<b>233.5516</b>	<b>310.5012</b>	<b>6,826,054</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100
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FYE: 02/28/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.4722	62.4722	A3D Allowable Resident Care Exp	1,435,549
B5 Allocation of D/C Expenses	76.9494	153.8989	B4 Allocation of D/C Expenses	3,227,490
C3 Additional Services per Diem	8.2483	8.2484	C2 Additional Services per Diem	189,539
<b>Total Resident Care Component</b>	147.6699	224.6195	<b>Total Resident Care Component</b>	4,852,578

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**Florida Agency For Health Care Administration**

**028500500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Naranja Group Home (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28500500	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,931	0	3,931
2. Operating Expenses component			
A. Administration			107,413
B. Plant Operation			39,914
C. Laundry			605
D. Housekeeping			3,331
E. Operating Expense Component & Per Diem	38.4795		151,263
3. Resident Care			
A. Dietary			38,599
B. Other			111,244
C. Nursing			69,358
D. Resident Care & Per Diem	55.7621		219,201
4. Prop Exp & Per Diem	12.4162		48,808
5. ROE/Use Per Diem	1.0811		4,250
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,965.50	0.00	1,965.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	492,472.00	0.00	492,472.00
5. Direct Care Expense Per Diem	125.2791	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,931	0	3,931
2. Additional Services	12,014	0	12,014
3. Additional Services Exp & Per Diem	3.0562	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	38.4795	0.0000	151,263
2. Resident Care Component	184.0974	0.0000	723,687
3. Property Cost Component	12.4162	0.0000	48,808
4. ROE/Use Allow Component	1.0811	0.0000	4,250
<b>5. Total Cost Per Diem</b>	<b>236.0742</b>	<b>0.0000</b>	<b>928,008</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7621	0.0000	A3D Allowable Resident Care Exp	219,201
B5 Allocation of D/C Expenses	125.2791	0.0000	B4 Allocation of D/C Expenses	492,472
C3 Additional Services per Diem	3.0562	0.0000	C2 Additional Services per Diem	12,014
<b>Total Resident Care Component</b>	<b>184.0974</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>723,687</b>

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**Florida Agency For Health Care Administration**

**028505600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **PARC Cottage**  
 Provider Number: 28505600  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 16

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,285	2,555	5,840
2. Operating Expenses component			
A. Administration			334,255
B. Plant Operation			72,294
C. Laundry			5,839
D. Housekeeping			17,533
E. Operating Expense Component & Per Diem	73.6166	73.6166	429,921
3. Resident Care			
A. Dietary			96,559
B. Other			0
C. Nursing			193,506
D. Resident Care & Per Diem	49.6687	49.6687	290,065
4. Prop Exp & Per Diem	9.8137	9.8137	57,312
5. ROE/Use Per Diem	1.0298	1.0298	6,014
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,642.50	2,555.00	4,197.50
3. Staffing Percent	0.3913	0.6087	1.0000
4. Allocation of Direct Care	596,212.44	927,441.56	1,523,654.00
5. Direct Care Expense Per Diem	181.4954	362.9908	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,285	2,555	5,840
2. Additional Services	40,311	31,351	71,662
3. Additional Services Exp & Per Diem	12.2712	12.2705	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	73.6166	73.6166	429,921
2. Resident Care Component	243.4353	424.9300	1,885,381
3. Property Cost Component	9.8137	9.8137	57,312
4. ROE/Use Allow Component	1.0298	1.0298	6,014
<b>5. Total Cost Per Diem</b>	<b>327.8954</b>	<b>509.3901</b>	<b>2,378,628</b>

## Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	49.6687	49.6687	A3D Allowable Resident Care Exp	290,065
B5 Allocation of D/C Expenses	181.4954	362.9908	B4 Allocation of D/C Expenses	1,523,654
C3 Additional Services per Diem	12.2712	12.2705	C2 Additional Services per Diem	71,662
<b>Total Resident Care Component</b>	<b>243.4353</b>	<b>424.9300</b>	<b>Total Resident Care Component</b>	<b>1,885,381</b>

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**Florida Agency For Health Care Administration**

**028512900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **MACtown, Inc.**  
 Provider Number: 28512900  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Samuel, Rydell  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>244.3996</b>	<b>0.0000</b>	<b>4,955,445</b>

## Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
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FYE: 09/30/2015
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	No N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	191.3529	0.0000	<b>Total Resident Care Component</b>	3,879,871

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# Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

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

Cost Report Entered By : Kiswani, Farah

Provider Number: 28513700

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,264	7,625	10,889
2. Operating Expenses component			
A. Administration			791,367
B. Plant Operation			184,214
C. Laundry			49,621
D. Housekeeping			63,540
E. Operating Expense Component & Per Diem	99.9855	99.9855	1,088,742
3. Resident Care			
A. Dietary			259,208
B. Other			74,936
C. Nursing			602,166
D. Resident Care & Per Diem	85.9868	85.9868	936,310
4. Prop Exp & Per Diem	5.4912	5.4912	59,794
5. ROE/Use Per Diem	1.7280	1.7280	18,816
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,632.00	7,625.00	9,257.00
3. Staffing Percent	0.1763	0.8237	1.0000
4. Allocation of Direct Care	196,283.40	917,071.60	1,113,355.00
5. Direct Care Expense Per Diem	60.1358	120.2717	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,264	7,625	10,889
2. Additional Services	58,057	172,428	230,485
3. Additional Services Exp & Per Diem	17.7871	22.6135	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	99.9855	99.9855	1,088,742
2. Resident Care Component	163.9097	228.8720	2,280,150
3. Property Cost Component	5.4912	5.4912	59,794
4. ROE/Use Allow Component	1.7280	1.7280	18,816
<b>5. Total Cost Per Diem</b>	<b>271.1144</b>	<b>336.0767</b>	<b>3,447,502</b>

## Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2016

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	85.9868	85.9868	A3D Allowable Resident Care Exp	936,310
B5 Allocation of D/C Expenses	60.1358	120.2717	B4 Allocation of D/C Expenses	1,113,355
C3 Additional Services per Diem	17.7871	22.6135	C2 Additional Services per Diem	230,485
<b>Total Resident Care Component</b>	<b>163.9097</b>	<b>228.8720</b>	<b>Total Resident Care Component</b>	<b>2,280,150</b>

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# Florida Agency For Health Care Administration

**028519600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **BARC Housing, Inc.**  
 Provider Number: 28519600  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	13,121	0	13,121
2. Operating Expenses component			
A. Administration			952,941
B. Plant Operation			182,441
C. Laundry			2,828
D. Housekeeping			23,235
E. Operating Expense Component & Per Diem	88.5180		1,161,445
3. Resident Care			
A. Dietary			256,811
B. Other			594,525
C. Nursing			152,398
D. Resident Care & Per Diem	76.4983		1,003,734
4. Prop Exp & Per Diem	15.2161		199,651
5. ROE/Use Per Diem	0.6572		8,623
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,560.50	0.00	6,560.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,818,886.00	0.00	1,818,886.00
5. Direct Care Expense Per Diem	138.6240	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	13,121	0	13,121
2. Additional Services	99,789	0	99,789
3. Additional Services Exp & Per Diem	7.6053	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	88.5180	0.0000	1,161,445
2. Resident Care Component	222.7276	0.0000	2,922,409
3. Property Cost Component	15.2161	0.0000	199,651
4. ROE/Use Allow Component	0.6572	0.0000	8,623
<b>5. Total Cost Per Diem</b>	<b>327.1189</b>	<b>0.0000</b>	<b>4,292,128</b>

## Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2017

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	76.4983	0.0000	A3D Allowable Resident Care Exp	1,003,734
B5 Allocation of D/C Expenses	138.6240	0.0000	B4 Allocation of D/C Expenses	1,818,886
C3 Additional Services per Diem	7.6053	0.0000	C2 Additional Services per Diem	99,789
<b>Total Resident Care Component</b>	<b>222.7276</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>2,922,409</b>

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**Florida Agency For Health Care Administration**

**028520000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Pensacola Care, Inc.**  
 Provider Number: 28520000  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	10,969	11,739	22,708
2. Operating Expenses component			
A. Administration			791,681
B. Plant Operation			399,250
C. Laundry			3,256
D. Housekeeping			208,580
E. Operating Expense Component & Per Diem	61.7741	61.7741	1,402,767
3. Resident Care			
A. Dietary			393,611
B. Other			0
C. Nursing			748,753
D. Resident Care & Per Diem	50.3067	50.3067	1,142,364
4. Prop Exp & Per Diem	14.6215	14.6215	332,025
5. ROE/Use Per Diem	0.1445	0.1445	3,281
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,484.50	11,739.00	17,223.50
3. Staffing Percent	0.3184	0.6816	1.0000
4. Allocation of Direct Care	935,003.51	2,001,277.49	2,936,281.00
5. Direct Care Expense Per Diem	85.2405	170.4811	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,969	11,739	22,708
2. Additional Services	110,340	118,086	228,426
3. Additional Services Exp & Per Diem	10.0593	10.0593	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	61.7741	61.7741	1,402,767
2. Resident Care Component	145.6065	230.8471	4,307,071
3. Property Cost Component	14.6215	14.6215	332,025
4. ROE/Use Allow Component	0.1445	0.1445	3,281
<b>5. Total Cost Per Diem</b>	<b>222.1466</b>	<b>307.3872</b>	<b>6,045,144</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Care, Inc.

Provider Number: 28520000
FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	50.3067	50.3067	A3D Allowable Resident Care Exp	1,142,364
B5 Allocation of D/C Expenses	85.2405	170.4811	B4 Allocation of D/C Expenses	2,936,281
C3 Additional Services per Diem	10.0593	10.0593	C2 Additional Services per Diem	228,426
<b>Total Resident Care Component</b>	145.6065	230.8471	<b>Total Resident Care Component</b>	<b>4,307,071</b>

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**Florida Agency For Health Care Administration**

**028521800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Ann Storck Center, Inc.**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28521800

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	152	16,486	16,638
2. Operating Expenses component			
A. Administration			377,823
B. Plant Operation			602,774
C. Laundry			37,083
D. Housekeeping			51,780
E. Operating Expense Component & Per Diem	64.2782	64.2782	1,069,460
3. Resident Care			
A. Dietary			259,461
B. Other			0
C. Nursing			936,050
D. Resident Care & Per Diem	71.8542	71.8542	1,195,511
4. Prop Exp & Per Diem	12.1321	12.1321	201,854
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	76.00	16,486.00	16,562.00
3. Staffing Percent	0.0046	0.9954	1.0000
4. Allocation of Direct Care	12,789.84	2,774,383.16	2,787,173.00
5. Direct Care Expense Per Diem	84.1437	168.2872	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	152	16,486	16,638
2. Additional Services	5,348	580,007	585,355
3. Additional Services Exp & Per Diem	35.1842	35.1818	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	64.2782	64.2782	1,069,460
2. Resident Care Component	191.1821	275.3232	4,568,039
3. Property Cost Component	12.1321	12.1321	201,854
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>267.5924</b>	<b>351.7335</b>	<b>5,839,353</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.8542	71.8542	A3D Allowable Resident Care Exp	1,195,511
B5 Allocation of D/C Expenses	84.1437	168.2872	B4 Allocation of D/C Expenses	2,787,173
C3 Additional Services per Diem	35.1842	35.1818	C2 Additional Services per Diem	585,355
<b>Total Resident Care Component</b>	191.1821	275.3232	<b>Total Resident Care Component</b>	4,568,039

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# Florida Agency For Health Care Administration

028522600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **Tallahassee Developmental Center**

Cost Report Entered By : Samuel, Rydell

Provider Number: 28522600

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>236.5849</b>	<b>326.4663</b>	<b>6,213,240</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 28522600
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FYE: 09/30/2016
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		R/I & N/M Days			
		R/I	N/M		
				<b>TOTALS</b>	
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	
<b>Total Resident Care Component</b>	154.7627	244.6441	<b>Total Resident Care Component</b>	<b>4,490,557</b>	

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# Florida Agency For Health Care Administration

028524200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Ft. Walton Beach Developmental Ctr.** Cost Report Entered By : Stepka, Kimber  
 Provider Number: 28524200 Rate Semester : July, 2018  
 Audit Status: Unaudited Costs Cost Report : 10/1/2016 - 9/30/2017  
 Date: 6/19/2018 Days In Reporting Period: 365  
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	12,230	9,614	21,844
2. Operating Expenses component			
A. Administration			770,434
B. Plant Operation			404,068
C. Laundry			2,598
D. Housekeeping			115,059
E. Operating Expense Component & Per Diem	59.1540	59.1540	1,292,159
3. Resident Care			
A. Dietary			377,330
B. Other			0
C. Nursing			613,867
D. Resident Care & Per Diem	45.3762	45.3762	991,197
4. Prop Exp & Per Diem	10.5853	10.5853	231,226
5. ROE/Use Per Diem	2.3539	2.3539	51,418
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,115.00	9,614.00	15,729.00
3. Staffing Percent	0.3888	0.6112	1.0000
4. Allocation of Direct Care	1,171,717.43	1,842,173.57	3,013,891.00
5. Direct Care Expense Per Diem	95.8068	191.6136	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,230	9,614	21,844
2. Additional Services	108,419	85,228	193,647
3. Additional Services Exp & Per Diem	8.8650	8.8650	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	59.1540	59.1540	1,292,159
2. Resident Care Component	150.0480	245.8548	4,198,735
3. Property Cost Component	10.5853	10.5853	231,226
4. ROE/Use Allow Component	2.3539	2.3539	51,418
<b>5. Total Cost Per Diem</b>	<b>222.1412</b>	<b>317.9480</b>	<b>5,773,538</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 28524200
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.3762	45.3762	A3D Allowable Resident Care Exp	991,197
B5 Allocation of D/C Expenses	95.8068	191.6136	B4 Allocation of D/C Expenses	3,013,891
C3 Additional Services per Diem	8.8650	8.8650	C2 Additional Services per Diem	193,647
<b>Total Resident Care Component</b>	<b>150.0480</b>	<b>245.8548</b>	<b>Total Resident Care Component</b>	<b>4,198,735</b>

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**Florida Agency For Health Care Administration**

**028526900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Panama City Developmental Center</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28526900	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	10/1/2016 - 9/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,865	15,897	20,762
2. Operating Expenses component			
A. Administration			794,196
B. Plant Operation			397,420
C. Laundry			2,968
D. Housekeeping			183,944
E. Operating Expense Component & Per Diem	66.3967	66.3967	1,378,528
3. Resident Care			
A. Dietary			404,495
B. Other			0
C. Nursing			744,532
D. Resident Care & Per Diem	55.3428	55.3428	1,149,027
4. Prop Exp & Per Diem	15.2605	15.2605	316,838
5. ROE/Use Per Diem	0.6714	0.6714	13,939
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,432.50	15,897.00	18,329.50
3. Staffing Percent	0.1327	0.8673	1.0000
4. Allocation of Direct Care	404,123.73	2,641,050.27	3,045,174.00
5. Direct Care Expense Per Diem	83.0676	166.1351	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,865	15,897	20,762
2. Additional Services	43,880	143,383	187,263
3. Additional Services Exp & Per Diem	9.0195	9.0195	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	66.3967	66.3967	1,378,528
2. Resident Care Component	147.4299	230.4974	4,381,464
3. Property Cost Component	15.2605	15.2605	316,838
4. ROE/Use Allow Component	0.6714	0.6714	13,939
<b>5. Total Cost Per Diem</b>	<b>229.7585</b>	<b>312.8260</b>	<b>6,090,769</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 28526900
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.3428	55.3428	A3D Allowable Resident Care Exp	1,149,027
B5 Allocation of D/C Expenses	83.0676	166.1351	B4 Allocation of D/C Expenses	3,045,174
C3 Additional Services per Diem	9.0195	9.0195	C2 Additional Services per Diem	187,263
<b>Total Resident Care Component</b>	<b>147.4299</b>	<b>230.4974</b>	<b>Total Resident Care Component</b>	<b>4,381,464</b>

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# Florida Agency For Health Care Administration

**028530700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Hillsborough County Developmental Ctr</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28530700	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	10/1/2016 - 9/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	5,840	16,406	22,246
2. Operating Expenses component			
A. Administration			858,763
B. Plant Operation			519,558
C. Laundry			5,939
D. Housekeeping			142,671
E. Operating Expense Component & Per Diem	68.6385	68.6385	1,526,931
3. Resident Care			
A. Dietary			431,959
B. Other			0
C. Nursing			784,439
D. Resident Care & Per Diem	54.6794	54.6794	1,216,398
4. Prop Exp & Per Diem	5.2596	5.2596	117,004
5. ROE/Use Per Diem	0.6435	0.6435	14,315
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,920.00	16,406.00	19,326.00
3. Staffing Percent	0.1511	0.8489	1.0000
4. Allocation of Direct Care	450,211.23	2,529,508.77	2,979,720.00
5. Direct Care Expense Per Diem	77.0910	154.1819	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	5,840	16,406	22,246
2. Additional Services	56,391	158,416	214,807
3. Additional Services Exp & Per Diem	9.6560	9.6560	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	68.6385	68.6385	1,526,931
2. Resident Care Component	141.4264	218.5173	4,410,925
3. Property Cost Component	5.2596	5.2596	117,004
4. ROE/Use Allow Component	0.6435	0.6435	14,315
<b>5. Total Cost Per Diem</b>	<b>215.9680</b>	<b>293.0589</b>	<b>6,069,175</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 28530700
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	54.6794	54.6794	A3D Allowable Resident Care Exp	1,216,398
B5 Allocation of D/C Expenses	77.0910	154.1819	B4 Allocation of D/C Expenses	2,979,720
C3 Additional Services per Diem	9.6560	9.6560	C2 Additional Services per Diem	214,807
<b>Total Resident Care Component</b>	141.4264	218.5173	<b>Total Resident Care Component</b>	4,410,925

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**Florida Agency For Health Care Administration**

**028531500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Woodhouse, Inc**  
 Provider Number: 28531500  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,577	6,570	8,147
2. Operating Expenses component			
A. Administration			627,537
B. Plant Operation			327,524
C. Laundry			1,528
D. Housekeeping			110,991
E. Operating Expense Component & Per Diem	131.0396	131.0396	1,067,580
3. Resident Care			
A. Dietary			218,609
B. Other			0
C. Nursing			518,147
D. Resident Care & Per Diem	90.4328	90.4328	736,756
4. Prop Exp & Per Diem	15.3514	15.3514	125,068
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	788.50	6,570.00	7,358.50
3. Staffing Percent	0.1072	0.8928	1.0000
4. Allocation of Direct Care	116,361.10	969,552.90	1,085,914.00
5. Direct Care Expense Per Diem	73.7864	147.5727	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,577	6,570	8,147
2. Additional Services	76,269	317,747	394,016
3. Additional Services Exp & Per Diem	48.3633	48.3633	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	131.0396	131.0396	1,067,580
2. Resident Care Component	212.5825	286.3688	2,216,686
3. Property Cost Component	15.3514	15.3514	125,068
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>358.9735</b>	<b>432.7598</b>	<b>3,409,334</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	90.4328	90.4328	A3D Allowable Resident Care Exp	736,756
B5 Allocation of D/C Expenses	73.7864	147.5727	B4 Allocation of D/C Expenses	1,085,914
C3 Additional Services per Diem	48.3633	48.3633	C2 Additional Services per Diem	394,016
<b>Total Resident Care Component</b>	<b>212.5825</b>	<b>286.3688</b>	<b>Total Resident Care Component</b>	<b>2,216,686</b>

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# Florida Agency For Health Care Administration

028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Cape Coral Cluster (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28533100	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,974	6,244	8,218
2. Operating Expenses component			
A. Administration			425,641
B. Plant Operation			219,950
C. Laundry			1,046
D. Housekeeping			67,441
E. Operating Expense Component & Per Diem	86.8919	86.8919	714,078
3. Resident Care			
A. Dietary			152,384
B. Other			115,528
C. Nursing			478,715
D. Resident Care & Per Diem	90.8526	90.8526	746,627
4. Prop Exp & Per Diem	22.1646	22.1646	182,149
5. ROE/Use Per Diem	2.7265	2.7265	22,406
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	987.00	6,244.00	7,231.00
3. Staffing Percent	0.1365	0.8635	1.0000
4. Allocation of Direct Care	164,268.54	1,039,202.46	1,203,471.00
5. Direct Care Expense Per Diem	83.2161	166.4322	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,974	6,244	8,218
2. Additional Services	21,164	66,945	88,109
3. Additional Services Exp & Per Diem	10.7214	10.7215	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	86.8919	86.8919	714,078
2. Resident Care Component	184.7901	268.0063	2,038,207
3. Property Cost Component	22.1646	22.1646	182,149
4. ROE/Use Allow Component	2.7265	2.7265	22,406
<b>5. Total Cost Per Diem</b>	<b>296.5731</b>	<b>379.7893</b>	<b>2,956,840</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	90.8526	90.8526	A3D Allowable Resident Care Exp	746,627
B5 Allocation of D/C Expenses	83.2161	166.4322	B4 Allocation of D/C Expenses	1,203,471
C3 Additional Services per Diem	10.7214	10.7215	C2 Additional Services per Diem	88,109
<b>Total Resident Care Component</b>	<b>184.7901</b>	<b>268.0063</b>	<b>Total Resident Care Component</b>	<b>2,038,207</b>

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# Florida Agency For Health Care Administration

**028536600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Squire Court Community Home (Res-Care)**  
 Provider Number: 28536600  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	1,460	1,825
2. Operating Expenses component			
A. Administration			96,925
B. Plant Operation			23,815
C. Laundry			744
D. Housekeeping			2,594
E. Operating Expense Component & Per Diem	67.9879	67.9879	124,078
3. Resident Care			
A. Dietary			19,434
B. Other			0
C. Nursing			17,839
D. Resident Care & Per Diem	20.4236	20.4236	37,273
4. Prop Exp & Per Diem	18.9562	18.9562	34,595
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,460.00	1,733.75
3. Staffing Percent	0.1579	0.8421	1.0000
4. Allocation of Direct Care	36,188.21	193,003.79	229,192.00
5. Direct Care Expense Per Diem	99.1458	132.1944	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	1,460	1,825
2. Additional Services	22,847	91,389	114,236
3. Additional Services Exp & Per Diem	62.5945	62.5952	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	67.9879	67.9879	124,078
2. Resident Care Component	182.1639	215.2132	380,701
3. Property Cost Component	18.9562	18.9562	34,595
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>269.1080</b>	<b>302.1573</b>	<b>539,374</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28536600
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	20.4236	20.4236	A3D Allowable Resident Care Exp	37,273
B5 Allocation of D/C Expenses	99.1458	132.1944	B4 Allocation of D/C Expenses	229,192
C3 Additional Services per Diem	62.5945	62.5952	C2 Additional Services per Diem	114,236
<b>Total Resident Care Component</b>	<b>182.1639</b>	<b>215.2132</b>	<b>Total Resident Care Component</b>	<b>380,701</b>

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**Florida Agency For Health Care Administration**

**028537400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Bayview Community Home (Res-Care)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28537400	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,096	0	2,096
2. Operating Expenses component			
A. Administration			90,403
B. Plant Operation			26,174
C. Laundry			299
D. Housekeeping			3,391
E. Operating Expense Component & Per Diem	57.3793		120,267
3. Resident Care			
A. Dietary			19,090
B. Other			0
C. Nursing			13,707
D. Resident Care & Per Diem	15.6474		32,797
4. Prop Exp & Per Diem	17.1651		35,978
5. ROE/Use Per Diem	0.8158		1,710
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,572.00	0.00	1,572.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	198,408.00	0.00	198,408.00
5. Direct Care Expense Per Diem	94.6603	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,096	0	2,096
2. Additional Services	125,314	0	125,314
3. Additional Services Exp & Per Diem	59.7872	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	57.3793	0.0000	120,267
2. Resident Care Component	170.0949	0.0000	356,519
3. Property Cost Component	17.1651	0.0000	35,978
4. ROE/Use Allow Component	0.8158	0.0000	1,710
<b>5. Total Cost Per Diem</b>	<b>245.4551</b>	<b>0.0000</b>	<b>514,474</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	15.6474	0.0000	A3D Allowable Resident Care Exp	32,797
B5 Allocation of D/C Expenses	94.6603	0.0000	B4 Allocation of D/C Expenses	198,408
C3 Additional Services per Diem	59.7872	0.0000	C2 Additional Services per Diem	125,314
<b>Total Resident Care Component</b>	170.0949	0.0000	<b>Total Resident Care Component</b>	356,519

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**Florida Agency For Health Care Administration**

**028539100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Hendricks</b>	Cost Report Entered By :	Kiswani, Farah
Provider Number:	28539100	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	6/1/2016 - 5/31/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,564	6,997	8,561
2. Operating Expenses component			
A. Administration			654,604
B. Plant Operation			315,628
C. Laundry			18,580
D. Housekeeping			76,464
E. Operating Expense Component & Per Diem	124.4336	124.4336	1,065,276
3. Resident Care			
A. Dietary			349,982
B. Other			0
C. Nursing			325,453
D. Resident Care & Per Diem	78.8967	78.8967	675,435
4. Prop Exp & Per Diem	63.4936	63.4936	543,569
5. ROE/Use Per Diem	2.5859	2.5859	22,138
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	782.00	6,997.00	7,779.00
3. Staffing Percent	0.1005	0.8995	1.0000
4. Allocation of Direct Care	137,577.51	1,230,984.49	1,368,562.00
5. Direct Care Expense Per Diem	87.9652	175.9303	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,564	6,997	8,561
2. Additional Services	38,347	171,555	209,902
3. Additional Services Exp & Per Diem	24.5185	24.5184	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	124.4336	124.4336	1,065,276
2. Resident Care Component	191.3804	279.3454	2,253,899
3. Property Cost Component	63.4936	63.4936	543,569
4. ROE/Use Allow Component	2.5859	2.5859	22,138
<b>5. Total Cost Per Diem</b>	<b>381.8935</b>	<b>469.8585</b>	<b>3,884,882</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
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FYE: 05/31/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	78.8967	78.8967	A3D Allowable Resident Care Exp	675,435
B5 Allocation of D/C Expenses	87.9652	175.9303	B4 Allocation of D/C Expenses	1,368,562
C3 Additional Services per Diem	24.5185	24.5184	C2 Additional Services per Diem	209,902
<b>Total Resident Care Component</b>	191.3804	279.3454	<b>Total Resident Care Component</b>	2,253,899

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**Florida Agency For Health Care Administration**

**028541200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Stepka, Kimber  
 Provider Number: 28541200 Rate Semester : July, 2018  
 Audit Status: Unaudited Costs Cost Report : 7/1/2016 - 6/30/2017  
 Date: 6/19/2018 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,095	1,095	2,190
2. Operating Expenses component			
A. Administration			105,570
B. Plant Operation			19,636
C. Laundry			562
D. Housekeeping			2,973
E. Operating Expense Component & Per Diem	58.7858	58.7858	128,741
3. Resident Care			
A. Dietary			21,565
B. Other			0
C. Nursing			16,034
D. Resident Care & Per Diem	17.1685	17.1685	37,599
4. Prop Exp & Per Diem	21.6100	21.6100	47,326
5. ROE/Use Per Diem	0.6667	0.6667	1,460
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	821.25	1,095.00	1,916.25
3. Staffing Percent	0.4286	0.5714	1.0000
4. Allocation of Direct Care	105,785.14	141,046.86	246,832.00
5. Direct Care Expense Per Diem	96.6074	128.8099	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	64,858	64,858	129,716
3. Additional Services Exp & Per Diem	59.2311	59.2311	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	58.7858	58.7858	128,741
2. Resident Care Component	173.0070	205.2095	414,147
3. Property Cost Component	21.6100	21.6100	47,326
4. ROE/Use Allow Component	0.6667	0.6667	1,460
<b>5. Total Cost Per Diem</b>	<b>254.0695</b>	<b>286.2720</b>	<b>591,674</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28541200
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	17.1685	17.1685	A3D Allowable Resident Care Exp	37,599
B5 Allocation of D/C Expenses	96.6074	128.8099	B4 Allocation of D/C Expenses	246,832
C3 Additional Services per Diem	59.2311	59.2311	C2 Additional Services per Diem	129,716
<b>Total Resident Care Component</b>	<b>173.0070</b>	<b>205.2095</b>	<b>Total Resident Care Component</b>	<b>414,147</b>

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**Florida Agency For Health Care Administration**

**028547100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>62nd Place Grp Home #17 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28547100	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,096	0	2,096
2. Operating Expenses component			
A. Administration			63,775
B. Plant Operation			21,255
C. Laundry			851
D. Housekeeping			3,023
E. Operating Expense Component & Per Diem	42.4160		88,904
3. Resident Care			
A. Dietary			18,745
B. Other			42,069
C. Nursing			30,213
D. Resident Care & Per Diem	43.4289		91,027
4. Prop Exp & Per Diem	13.2858		27,847
5. ROE/Use Per Diem	0.4356		913
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,572.00	0.00	1,572.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	315,379.00	0.00	315,379.00
5. Direct Care Expense Per Diem	150.4671	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,096	0	2,096
2. Additional Services	1,351	0	1,351
3. Additional Services Exp & Per Diem	0.6446	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	42.4160	0.0000	88,904
2. Resident Care Component	194.5406	0.0000	407,757
3. Property Cost Component	13.2858	0.0000	27,847
4. ROE/Use Allow Component	0.4356	0.0000	913
<b>5. Total Cost Per Diem</b>	<b>250.6780</b>	<b>0.0000</b>	<b>525,421</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28547100
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	43.4289	0.0000	A3D Allowable Resident Care Exp	91,027
B5 Allocation of D/C Expenses	150.4671	0.0000	B4 Allocation of D/C Expenses	315,379
C3 Additional Services per Diem	0.6446	0.0000	C2 Additional Services per Diem	1,351
<b>Total Resident Care Component</b>	194.5406	0.0000	<b>Total Resident Care Component</b>	407,757

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# Florida Agency For Health Care Administration

**028548000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>138th Court Grp Home #16 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28548000	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,190	802	1,992
2. Operating Expenses component			
A. Administration			63,018
B. Plant Operation			20,023
C. Laundry			50
D. Housekeeping			1,600
E. Operating Expense Component & Per Diem	42.5156	42.5156	84,691
3. Resident Care			
A. Dietary			12,341
B. Other			36,982
C. Nursing			3,135
D. Resident Care & Per Diem	26.3343	26.3343	52,458
4. Prop Exp & Per Diem	21.1330	21.1330	42,097
5. ROE/Use Per Diem	0.4523	0.4523	901
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	892.50	802.00	1,694.50
3. Staffing Percent	0.5267	0.4733	1.0000
4. Allocation of Direct Care	168,970.87	151,837.13	320,808.00
5. Direct Care Expense Per Diem	141.9923	189.3231	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,190	802	1,992
2. Additional Services	15,314	10,321	25,635
3. Additional Services Exp & Per Diem	12.8689	12.8691	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	42.5156	42.5156	84,691
2. Resident Care Component	181.1955	228.5265	398,901
3. Property Cost Component	21.1330	21.1330	42,097
4. ROE/Use Allow Component	0.4523	0.4523	901
<b>5. Total Cost Per Diem</b>	<b>245.2964</b>	<b>292.6274</b>	<b>526,590</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28548000
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.3343	26.3343	A3D Allowable Resident Care Exp	52,458
B5 Allocation of D/C Expenses	141.9923	189.3231	B4 Allocation of D/C Expenses	320,808
C3 Additional Services per Diem	12.8689	12.8691	C2 Additional Services per Diem	25,635
<b>Total Resident Care Component</b>	<b>181.1955</b>	<b>228.5265</b>	<b>Total Resident Care Component</b>	<b>398,901</b>

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# Florida Agency For Health Care Administration

**028552800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>26th Terrace Grp Home #12 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28552800	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,591	446	2,037
2. Operating Expenses component			
A. Administration			75,895
B. Plant Operation			19,247
C. Laundry			0
D. Housekeeping			1,592
E. Operating Expense Component & Per Diem	47.4885	47.4885	96,734
3. Resident Care			
A. Dietary			16,224
B. Other			29,407
C. Nursing			0
D. Resident Care & Per Diem	22.4011	22.4011	45,631
4. Prop Exp & Per Diem	15.1021	15.1021	30,763
5. ROE/Use Per Diem	0.9696	0.9696	1,975
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,193.25	446.00	1,639.25
3. Staffing Percent	0.7279	0.2721	1.0000
4. Allocation of Direct Care	211,959.93	79,224.07	291,184.00
5. Direct Care Expense Per Diem	133.2243	177.6325	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,591	446	2,037
2. Additional Services	11,657	3,268	14,925
3. Additional Services Exp & Per Diem	7.3268	7.3274	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	47.4885	47.4885	96,734
2. Resident Care Component	162.9522	207.3610	351,740
3. Property Cost Component	15.1021	15.1021	30,763
4. ROE/Use Allow Component	0.9696	0.9696	1,975
<b>5. Total Cost Per Diem</b>	<b>226.5124</b>	<b>270.9212</b>	<b>481,212</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28552800
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	22.4011	22.4011	A3D Allowable Resident Care Exp	45,631
B5 Allocation of D/C Expenses	133.2243	177.6325	B4 Allocation of D/C Expenses	291,184
C3 Additional Services per Diem	7.3268	7.3274	C2 Additional Services per Diem	14,925
<b>Total Resident Care Component</b>	162.9522	207.3610	<b>Total Resident Care Component</b>	351,740

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# Florida Agency For Health Care Administration

**028553600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**  
 Provider Number: 28553600  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			75,216
B. Plant Operation			19,067
C. Laundry			262
D. Housekeeping			1,842
E. Operating Expense Component & Per Diem	44.0123		96,387
3. Resident Care			
A. Dietary			16,979
B. Other			49,160
C. Nursing			0
D. Resident Care & Per Diem	30.2005		66,139
4. Prop Exp & Per Diem	12.0429		26,374
5. ROE/Use Per Diem	0.3785		829
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	343,878.00	0.00	343,878.00
5. Direct Care Expense Per Diem	157.0219	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	4,061	0	4,061
3. Additional Services Exp & Per Diem	1.8543	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	44.0123	0.0000	96,387
2. Resident Care Component	189.0767	0.0000	414,078
3. Property Cost Component	12.0429	0.0000	26,374
4. ROE/Use Allow Component	0.3785	0.0000	829
<b>5. Total Cost Per Diem</b>	<b>245.5104</b>	<b>0.0000</b>	<b>537,668</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28553600
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.2005	0.0000	A3D Allowable Resident Care Exp	66,139
B5 Allocation of D/C Expenses	157.0219	0.0000	B4 Allocation of D/C Expenses	343,878
C3 Additional Services per Diem	1.8543	0.0000	C2 Additional Services per Diem	4,061
<b>Total Resident Care Component</b>	<b>189.0767</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>414,078</b>

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**Florida Agency For Health Care Administration**

**028557900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>148th Court Grp Home #20 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28557900	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			56,479
B. Plant Operation			25,037
C. Laundry			211
D. Housekeeping			1,167
E. Operating Expense Component & Per Diem	37.8511		82,894
3. Resident Care			
A. Dietary			15,358
B. Other			53,971
C. Nursing			2,056
D. Resident Care & Per Diem	32.5959		71,385
4. Prop Exp & Per Diem	15.0073		32,866
5. ROE/Use Per Diem	0.1406		308
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	287,309.00	0.00	287,309.00
5. Direct Care Expense Per Diem	131.1913	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	12,672	0	12,672
3. Additional Services Exp & Per Diem	5.7863	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	37.8511	0.0000	82,894
2. Resident Care Component	169.5735	0.0000	371,366
3. Property Cost Component	15.0073	0.0000	32,866
4. ROE/Use Allow Component	0.1406	0.0000	308
<b>5. Total Cost Per Diem</b>	<b>222.5725</b>	<b>0.0000</b>	<b>487,434</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28557900
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.5959	0.0000	A3D Allowable Resident Care Exp	71,385
B5 Allocation of D/C Expenses	131.1913	0.0000	B4 Allocation of D/C Expenses	287,309
C3 Additional Services per Diem	5.7863	0.0000	C2 Additional Services per Diem	12,672
<b>Total Resident Care Component</b>	169.5735	0.0000	<b>Total Resident Care Component</b>	371,366

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# Florida Agency For Health Care Administration

**028558700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Sunrise Oakmont**  
 Provider Number: 28558700  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,150	0	2,150
2. Operating Expenses component			
A. Administration			63,992
B. Plant Operation			24,935
C. Laundry			1,275
D. Housekeeping			3,508
E. Operating Expense Component & Per Diem	43.5860		93,710
3. Resident Care			
A. Dietary			20,618
B. Other			49,929
C. Nursing			452
D. Resident Care & Per Diem	33.0228		70,999
4. Prop Exp & Per Diem	16.9451		36,432
5. ROE/Use Per Diem	0.3502		753
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,612.50	0.00	1,612.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	302,245.00	0.00	302,245.00
5. Direct Care Expense Per Diem	140.5791	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,150	0	2,150
2. Additional Services	1,013	0	1,013
3. Additional Services Exp & Per Diem	0.4712	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	43.5860	0.0000	93,710
2. Resident Care Component	174.0731	0.0000	374,257
3. Property Cost Component	16.9451	0.0000	36,432
4. ROE/Use Allow Component	0.3502	0.0000	753
<b>5. Total Cost Per Diem</b>	<b>234.9544</b>	<b>0.0000</b>	<b>505,152</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2017

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.0228	0.0000	A3D Allowable Resident Care Exp	70,999
B5 Allocation of D/C Expenses	140.5791	0.0000	B4 Allocation of D/C Expenses	302,245
C3 Additional Services per Diem	0.4712	0.0000	C2 Additional Services per Diem	1,013
<b>Total Resident Care Component</b>	174.0731	0.0000	<b>Total Resident Care Component</b>	374,257

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# Florida Agency For Health Care Administration

028559500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>53rd Court Grp Home #9 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28559500	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,157	0	2,157
2. Operating Expenses component			
A. Administration			65,599
B. Plant Operation			20,643
C. Laundry			465
D. Housekeeping			2,691
E. Operating Expense Component & Per Diem	41.4455		89,398
3. Resident Care			
A. Dietary			19,797
B. Other			43,519
C. Nursing			4,711
D. Resident Care & Per Diem	31.5378		68,027
4. Prop Exp & Per Diem	10.7353		23,156
5. ROE/Use Per Diem	0.5350		1,154
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,617.75	0.00	1,617.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	345,645.00	0.00	345,645.00
5. Direct Care Expense Per Diem	160.2434	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,157	0	2,157
2. Additional Services	1,841	0	1,841
3. Additional Services Exp & Per Diem	0.8535	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	41.4455	0.0000	89,398
2. Resident Care Component	192.6347	0.0000	415,513
3. Property Cost Component	10.7353	0.0000	23,156
4. ROE/Use Allow Component	0.5350	0.0000	1,154
<b>5. Total Cost Per Diem</b>	<b>245.3505</b>	<b>0.0000</b>	<b>529,221</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28559500
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.5378	0.0000	A3D Allowable Resident Care Exp	68,027
B5 Allocation of D/C Expenses	160.2434	0.0000	B4 Allocation of D/C Expenses	345,645
C3 Additional Services per Diem	0.8535	0.0000	C2 Additional Services per Diem	1,841
<b>Total Resident Care Component</b>	192.6347	0.0000	<b>Total Resident Care Component</b>	415,513

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**Florida Agency For Health Care Administration**

**028560900**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>55th Court Grp Home #15 (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28560900	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,017	0	2,017
2. Operating Expenses component			
A. Administration			65,041
B. Plant Operation			20,234
C. Laundry			202
D. Housekeeping			1,916
E. Operating Expense Component & Per Diem	43.3282		87,393
3. Resident Care			
A. Dietary			14,795
B. Other			40,008
C. Nursing			21,514
D. Resident Care & Per Diem	37.8369		76,317
4. Prop Exp & Per Diem	13.2940		26,814
5. ROE/Use Per Diem	0.5816		1,173
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,512.75	0.00	1,512.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	327,059.00	0.00	327,059.00
5. Direct Care Expense Per Diem	162.1512	0.0000	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,017	0	2,017
2. Additional Services	1,913	0	1,913
3. Additional Services Exp & Per Diem	0.9484	0.0000	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1.Operating Component	43.3282	0.0000	87,393
2. Resident Care Component	200.9365	0.0000	405,289
3. Property Cost Component	13.2940	0.0000	26,814
4. ROE/Use Allow Component	0.5816	0.0000	1,173
<b>5. Total Cost Per Diem</b>	<b>258.1403</b>	<b>0.0000</b>	<b>520,669</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28560900
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.8369	0.0000	A3D Allowable Resident Care Exp	76,317
B5 Allocation of D/C Expenses	162.1512	0.0000	B4 Allocation of D/C Expenses	327,059
C3 Additional Services per Diem	0.9484	0.0000	C2 Additional Services per Diem	1,913
<b>Total Resident Care Component</b>	<b>200.9365</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>405,289</b>

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**Florida Agency For Health Care Administration**

**028561700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**  
 Provider Number: 28561700  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 7/1/2016 - 6/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,188	0	2,188
2. Operating Expenses component			
A. Administration			68,560
B. Plant Operation			29,115
C. Laundry			456
D. Housekeeping			3,317
E. Operating Expense Component & Per Diem	46.3656		101,448
3. Resident Care			
A. Dietary			19,714
B. Other			41,763
C. Nursing			1,917
D. Resident Care & Per Diem	28.9735		63,394
4. Prop Exp & Per Diem	11.3876		24,916
5. ROE/Use Per Diem	0.2116		463
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,641.00	0.00	1,641.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	353,616.00	0.00	353,616.00
5. Direct Care Expense Per Diem	161.6161	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,188	0	2,188
2. Additional Services	2,456	0	2,456
3. Additional Services Exp & Per Diem	1.1225	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	46.3656	0.0000	101,448
2. Resident Care Component	191.7121	0.0000	419,466
3. Property Cost Component	11.3876	0.0000	24,916
4. ROE/Use Allow Component	0.2116	0.0000	463
<b>5. Total Cost Per Diem</b>	<b>249.6769</b>	<b>0.0000</b>	<b>546,293</b>

## Resident Care Component Per-Diem Calculation

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

Provider Number: 28561700
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.9735	0.0000	A3D Allowable Resident Care Exp	63,394
B5 Allocation of D/C Expenses	161.6161	0.0000	B4 Allocation of D/C Expenses	353,616
C3 Additional Services per Diem	1.1225	0.0000	C2 Additional Services per Diem	2,456
<b>Total Resident Care Component</b>	191.7121	0.0000	<b>Total Resident Care Component</b>	419,466

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**Florida Agency For Health Care Administration**

**028565000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Lakeview Court**  
 Provider Number: 28565000  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 12/1/2015 - 11/30/2016  
 Days In Reporting Period: 366  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	11,639	10,924	22,563
2. Operating Expenses component			
A. Administration			1,324,765
B. Plant Operation			348,866
C. Laundry			52,371
D. Housekeeping			26,857
E. Operating Expense Component & Per Diem	77.6873	77.6873	1,752,859
3. Resident Care			
A. Dietary			587,734
B. Other			71,701
C. Nursing			949,583
D. Resident Care & Per Diem	71.3122	71.3122	1,609,018
4. Prop Exp & Per Diem	17.6168	17.6168	397,488
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,819.50	10,924.00	16,743.50
3. Staffing Percent	0.3476	0.6524	1.0000
4. Allocation of Direct Care	860,324.27	1,614,946.73	2,475,271.00
5. Direct Care Expense Per Diem	73.9174	147.8347	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,639	10,924	22,563
2. Additional Services	679,872	638,107	1,317,979
3. Additional Services Exp & Per Diem	58.4133	58.4133	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	77.6873	77.6873	1,752,859
2. Resident Care Component	203.6429	277.5602	5,402,268
3. Property Cost Component	17.6168	17.6168	397,488
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>298.9470</b>	<b>372.8643</b>	<b>7,552,615</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2016

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.3122	71.3122	A3D Allowable Resident Care Exp	1,609,018
B5 Allocation of D/C Expenses	73.9174	147.8347	B4 Allocation of D/C Expenses	2,475,271
C3 Additional Services per Diem	58.4133	58.4133	C2 Additional Services per Diem	1,317,979
<b>Total Resident Care Component</b>	<b>203.6429</b>	<b>277.5602</b>	<b>Total Resident Care Component</b>	<b>5,402,268</b>

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# Florida Agency For Health Care Administration

028566800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Washington Square**  
 Provider Number: 28566800  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 12/1/2015 - 11/30/2016  
 Days In Reporting Period: 366  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	3,778	19,020	22,798
2. Operating Expenses component			
A. Administration			1,350,839
B. Plant Operation			352,661
C. Laundry			57,310
D. Housekeeping			25,409
E. Operating Expense Component & Per Diem	78.3498	78.3498	1,786,219
3. Resident Care			
A. Dietary			573,377
B. Other			71,796
C. Nursing			979,308
D. Resident Care & Per Diem	71.2554	71.2554	1,624,481
4. Prop Exp & Per Diem	16.6655	16.6655	379,941
5. ROE/Use Per Diem	0.0022	0.0022	50
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,889.00	19,020.00	20,909.00
3. Staffing Percent	0.0903	0.9097	1.0000
4. Allocation of Direct Care	224,537.13	2,260,823.87	2,485,361.00
5. Direct Care Expense Per Diem	59.4328	118.8656	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	3,778	19,020	22,798
2. Additional Services	218,632	1,100,684	1,319,316
3. Additional Services Exp & Per Diem	57.8698	57.8698	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	78.3498	78.3498	1,786,219
2. Resident Care Component	188.5580	247.9908	5,429,158
3. Property Cost Component	16.6655	16.6655	379,941
4. ROE/Use Allow Component	0.0022	0.0022	50
<b>5. Total Cost Per Diem</b>	<b>283.5755</b>	<b>343.0083</b>	<b>7,595,368</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800
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FYE: 11/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.2554	71.2554	A3D Allowable Resident Care Exp	1,624,481
B5 Allocation of D/C Expenses	59.4328	118.8656	B4 Allocation of D/C Expenses	2,485,361
C3 Additional Services per Diem	57.8698	57.8698	C2 Additional Services per Diem	1,319,316
<b>Total Resident Care Component</b>	188.5580	247.9908	<b>Total Resident Care Component</b>	5,429,158

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**Florida Agency For Health Care Administration**

**028567600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Howell Branch Court**  
 Provider Number: 28567600  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 Cost Report : 12/1/2015 - 11/30/2016  
 Days In Reporting Period: 366  
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,450	18,078	22,528
2. Operating Expenses component			
A. Administration			1,318,395
B. Plant Operation			348,474
C. Laundry			62,364
D. Housekeeping			23,271
E. Operating Expense Component & Per Diem	77.7923	77.7923	1,752,504
3. Resident Care			
A. Dietary			567,287
B. Other			81,224
C. Nursing			919,690
D. Resident Care & Per Diem	69.6112	69.6112	1,568,201
4. Prop Exp & Per Diem	16.6835	16.6835	375,845
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,225.00	18,078.00	20,303.00
3. Staffing Percent	0.1096	0.8904	1.0000
4. Allocation of Direct Care	273,412.98	2,221,465.02	2,494,878.00
5. Direct Care Expense Per Diem	61.4411	122.8822	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,450	18,078	22,528
2. Additional Services	268,836	1,092,139	1,360,975
3. Additional Services Exp & Per Diem	60.4126	60.4126	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	77.7923	77.7923	1,752,504
2. Resident Care Component	191.4649	252.9060	5,424,054
3. Property Cost Component	16.6835	16.6835	375,845
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>285.9407</b>	<b>347.3818</b>	<b>7,552,403</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2016

		R/I & N/M Days			
		R/I	N/M		
				<b>TOTALS</b>	
A3D Allowable Resident Care Exp	69.6112	69.6112		A3D Allowable Resident Care Exp	1,568,201
B5 Allocation of D/C Expenses	61.4411	122.8822		B4 Allocation of D/C Expenses	2,494,878
C3 Additional Services per Diem	60.4126	60.4126		C2 Additional Services per Diem	1,360,975
<b>Total Resident Care Component</b>	191.4649	252.9060		<b>Total Resident Care Component</b>	<b>5,424,054</b>

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**Florida Agency For Health Care Administration**

**028568400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **157th Terrace (Sunrise)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28568400

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 7/1/2016 - 6/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			62,768
B. Plant Operation			28,911
C. Laundry			516
D. Housekeeping			1,586
E. Operating Expense Component & Per Diem	42.8224		93,781
3. Resident Care			
A. Dietary			15,890
B. Other			58,607
C. Nursing			14,476
D. Resident Care & Per Diem	40.6269		88,973
4. Prop Exp & Per Diem	12.3247		26,991
5. ROE/Use Per Diem	2.0297		4,445
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,642.50	0.00	1,642.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	308,677.00	0.00	308,677.00
5. Direct Care Expense Per Diem	140.9484	0.0000	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	13,772	0	13,772
3. Additional Services Exp & Per Diem	6.2886	0.0000	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	42.8224	0.0000	93,781
2. Resident Care Component	187.8639	0.0000	411,422
3. Property Cost Component	12.3247	0.0000	26,991
4. ROE/Use Allow Component	2.0297	0.0000	4,445
<b>5. Total Cost Per Diem</b>	<b>245.0407</b>	<b>0.0000</b>	<b>536,639</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400
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FYE: 06/30/2017
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.6269	0.0000	A3D Allowable Resident Care Exp	88,973
B5 Allocation of D/C Expenses	140.9484	0.0000	B4 Allocation of D/C Expenses	308,677
C3 Additional Services per Diem	6.2886	0.0000	C2 Additional Services per Diem	13,772
<b>Total Resident Care Component</b>	<b>187.8639</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>411,422</b>

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# Florida Agency For Health Care Administration

028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>145th Street Group Home (Sunrise)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28569200	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	7/1/2016 - 6/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	1,721	2,086
2. Operating Expenses component			
A. Administration			73,481
B. Plant Operation			33,220
C. Laundry			958
D. Housekeeping			1,593
E. Operating Expense Component & Per Diem	52.3739	52.3739	109,252
3. Resident Care			
A. Dietary			14,889
B. Other			51,742
C. Nursing			30,466
D. Resident Care & Per Diem	46.5470	46.5470	97,097
4. Prop Exp & Per Diem	23.8960	23.8960	49,847
5. ROE/Use Per Diem	2.0604	2.0604	4,298
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,721.00	1,994.75
3. Staffing Percent	0.1372	0.8628	1.0000
4. Allocation of Direct Care	47,251.47	297,058.53	344,310.00
5. Direct Care Expense Per Diem	129.4561	172.6081	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	1,721	2,086
2. Additional Services	5,407	25,495	30,902
3. Additional Services Exp & Per Diem	14.8137	14.8141	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	52.3739	52.3739	109,252
2. Resident Care Component	190.8168	233.9692	472,309
3. Property Cost Component	23.8960	23.8960	49,847
4. ROE/Use Allow Component	2.0604	2.0604	4,298
<b>5. Total Cost Per Diem</b>	<b>269.1471</b>	<b>312.2995</b>	<b>635,706</b>

## Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200
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FYE: 06/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.5470	46.5470	A3D Allowable Resident Care Exp	97,097
B5 Allocation of D/C Expenses	129.4561	172.6081	B4 Allocation of D/C Expenses	344,310
C3 Additional Services per Diem	14.8137	14.8141	C2 Additional Services per Diem	30,902
<b>Total Resident Care Component</b>	<b>190.8168</b>	<b>233.9692</b>	<b>Total Resident Care Component</b>	<b>472,309</b>

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**Florida Agency For Health Care Administration**

**031256800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Avon Park Cluster (Mentor)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 31256800

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,660	8,660
2. Operating Expenses component			
A. Administration			565,191
B. Plant Operation			223,381
C. Laundry			0
D. Housekeeping			64,966
E. Operating Expense Component & Per Diem	98.5610	98.5610	853,538
3. Resident Care			
A. Dietary			188,940
B. Other			0
C. Nursing			821,092
D. Resident Care & Per Diem	116.6319	116.6319	1,010,032
4. Prop Exp & Per Diem	12.0814	12.0814	104,625
5. ROE/Use Per Diem	1.2849	1.2849	11,127
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,660.00	8,660.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,255,495.00	1,255,495.00
5. Direct Care Expense Per Diem	72.4882	144.9763	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	8,660	8,660
2. Additional Services	0	214,766	214,766
3. Additional Services Exp & Per Diem	24.7998	24.7998	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	98.5610	98.5610	853,538
2. Resident Care Component	213.9199	286.4080	2,480,293
3. Property Cost Component	12.0814	12.0814	104,625
4. ROE/Use Allow Component	1.2849	1.2849	11,127
<b>5. Total Cost Per Diem</b>	<b>325.8472</b>	<b>398.3353</b>	<b>3,449,583</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800
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FYE: 09/30/2017
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	116.6319	116.6319	A3D Allowable Resident Care Exp	1,010,032
B5 Allocation of D/C Expenses	72.4882	144.9763	B4 Allocation of D/C Expenses	1,255,495
C3 Additional Services per Diem	24.7998	24.7998	C2 Additional Services per Diem	214,766
<b>Total Resident Care Component</b>	<b>213.9199</b>	<b>286.4080</b>	<b>Total Resident Care Component</b>	<b>2,480,293</b>

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# Florida Agency For Health Care Administration

031257600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

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

Cost Report Entered By : Kiswani, Farah

Provider Number: 31257600

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	2,196	6,462	8,658
2. Operating Expenses component			
A. Administration			498,862
B. Plant Operation			162,778
C. Laundry			0
D. Housekeeping			108,215
E. Operating Expense Component & Per Diem	88.9183	88.9183	769,855
3. Resident Care			
A. Dietary			136,124
B. Other			0
C. Nursing			814,328
D. Resident Care & Per Diem	109.7773	109.7773	950,452
4. Prop Exp & Per Diem	15.9685	15.9685	138,255
5. ROE/Use Per Diem	0.9301	0.9301	8,053
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,098.00	6,462.00	7,560.00
3. Staffing Percent	0.1452	0.8548	1.0000
4. Allocation of Direct Care	171,630.91	1,010,090.09	1,181,721.00
5. Direct Care Expense Per Diem	78.1562	156.3123	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,196	6,462	8,658
2. Additional Services	47,341	139,307	186,648
3. Additional Services Exp & Per Diem	21.5578	21.5579	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	88.9183	88.9183	769,855
2. Resident Care Component	209.4913	287.6475	2,318,821
3. Property Cost Component	15.9685	15.9685	138,255
4. ROE/Use Allow Component	0.9301	0.9301	8,053
<b>5. Total Cost Per Diem</b>	<b>315.3082</b>	<b>393.4644</b>	<b>3,234,984</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	109.7773	109.7773	A3D Allowable Resident Care Exp	950,452
B5 Allocation of D/C Expenses	78.1562	156.3123	B4 Allocation of D/C Expenses	1,181,721
C3 Additional Services per Diem	21.5578	21.5579	C2 Additional Services per Diem	186,648
<b>Total Resident Care Component</b>	<b>209.4913</b>	<b>287.6475</b>	<b>Total Resident Care Component</b>	<b>2,318,821</b>

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**Florida Agency For Health Care Administration**

**031258400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Point West Cluster (Mentor)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 31258400

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	551	7,582	8,133
2. Operating Expenses component			
A. Administration			498,170
B. Plant Operation			174,875
C. Laundry			0
D. Housekeeping			52,522
E. Operating Expense Component & Per Diem	89.2127	89.2127	725,567
3. Resident Care			
A. Dietary			200,345
B. Other			0
C. Nursing			553,169
D. Resident Care & Per Diem	92.6490	92.6490	753,514
4. Prop Exp & Per Diem	9.2992	9.2992	75,630
5. ROE/Use Per Diem	1.2475	1.2475	10,146
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	275.50	7,582.00	7,857.50
3. Staffing Percent	0.0351	0.9649	1.0000
4. Allocation of Direct Care	43,327.81	1,192,419.19	1,235,747.00
5. Direct Care Expense Per Diem	78.6349	157.2697	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	551	7,582	8,133
2. Additional Services	12,849	176,803	189,652
3. Additional Services Exp & Per Diem	23.3194	23.3188	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	89.2127	89.2127	725,567
2. Resident Care Component	194.6033	273.2375	2,178,913
3. Property Cost Component	9.2992	9.2992	75,630
4. ROE/Use Allow Component	1.2475	1.2475	10,146
<b>5. Total Cost Per Diem</b>	<b>294.3627</b>	<b>372.9969</b>	<b>2,990,256</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	92.6490	92.6490	A3D Allowable Resident Care Exp	753,514
B5 Allocation of D/C Expenses	78.6349	157.2697	B4 Allocation of D/C Expenses	1,235,747
C3 Additional Services per Diem	23.3194	23.3188	C2 Additional Services per Diem	189,652
<b>Total Resident Care Component</b>	<b>194.6033</b>	<b>273.2375</b>	<b>Total Resident Care Component</b>	<b>2,178,913</b>

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# Florida Agency For Health Care Administration

031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Hodges Cluster (Mentor)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 31259200

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	365	7,824	8,189
2. Operating Expenses component			
A. Administration			596,203
B. Plant Operation			205,843
C. Laundry			0
D. Housekeeping			88,819
E. Operating Expense Component & Per Diem	108.7880	108.7880	890,865
3. Resident Care			
A. Dietary			151,402
B. Other			0
C. Nursing			725,760
D. Resident Care & Per Diem	107.1147	107.1147	877,162
4. Prop Exp & Per Diem	13.5266	13.5266	110,769
5. ROE/Use Per Diem	1.9946	1.9946	16,334
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	182.50	7,824.00	8,006.50
3. Staffing Percent	0.0228	0.9772	1.0000
4. Allocation of Direct Care	29,633.22	1,270,412.78	1,300,046.00
5. Direct Care Expense Per Diem	81.1869	162.3738	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	365	7,824	8,189
2. Additional Services	6,779	145,302	152,081
3. Additional Services Exp & Per Diem	18.5726	18.5713	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	108.7880	108.7880	890,865
2. Resident Care Component	206.8742	288.0598	2,329,289
3. Property Cost Component	13.5266	13.5266	110,769
4. ROE/Use Allow Component	1.9946	1.9946	16,334
<b>5. Total Cost Per Diem</b>	<b>331.1834</b>	<b>412.3690</b>	<b>3,347,257</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	107.1147	107.1147	A3D Allowable Resident Care Exp	877,162
B5 Allocation of D/C Expenses	81.1869	162.3738	B4 Allocation of D/C Expenses	1,300,046
C3 Additional Services per Diem	18.5726	18.5713	C2 Additional Services per Diem	152,081
<b>Total Resident Care Component</b>	<b>206.8742</b>	<b>288.0598</b>	<b>Total Resident Care Component</b>	<b>2,329,289</b>

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**Florida Agency For Health Care Administration**

**031260600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Kinkaid Cluster (Mentor)**

Cost Report Entered By : Kiswani, Farah

Provider Number: 31260600

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	522	7,694	8,216
2. Operating Expenses component			
A. Administration			463,589
B. Plant Operation			189,948
C. Laundry			0
D. Housekeeping			87,942
E. Operating Expense Component & Per Diem	90.2482	90.2482	741,479
3. Resident Care			
A. Dietary			96,371
B. Other			0
C. Nursing			616,124
D. Resident Care & Per Diem	86.7204	86.7204	712,495
4. Prop Exp & Per Diem	16.4705	16.4705	135,322
5. ROE/Use Per Diem	1.6148	1.6148	13,267
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2.Total Staffing Required	261.00	7,694.00	7,955.00
3. Staffing Percent	0.0328	0.9672	1.0000
4. Allocation of Direct Care	40,108.33	1,182,350.67	1,222,459.00
5. Direct Care Expense Per Diem	76.8359	153.6718	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	522	7,694	8,216
2. Additional Services	9,659	142,374	152,033
3. Additional Services Exp & Per Diem	18.5038	18.5045	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	90.2482	90.2482	741,479
2. Resident Care Component	182.0601	258.8967	2,086,987
3. Property Cost Component	16.4705	16.4705	135,322
4. ROE/Use Allow Component	1.6148	1.6148	13,267
<b>5. Total Cost Per Diem</b>	<b>290.3936</b>	<b>367.2302</b>	<b>2,977,055</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	86.7204	86.7204	A3D Allowable Resident Care Exp	712,495
B5 Allocation of D/C Expenses	76.8359	153.6718	B4 Allocation of D/C Expenses	1,222,459
C3 Additional Services per Diem	18.5038	18.5045	C2 Additional Services per Diem	152,033
<b>Total Resident Care Component</b>	<b>182.0601</b>	<b>258.8967</b>	<b>Total Resident Care Component</b>	<b>2,086,987</b>

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# Florida Agency For Health Care Administration

**031261400**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Flamingo Drive Cluster (Mentor)**

Cost Report Entered By : Stepka, Kimber

Provider Number: 31261400

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2016 - 9/30/2017

Date: 6/19/2018

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	73	7,813	7,886
2. Operating Expenses component			
A. Administration			644,021
B. Plant Operation			257,489
C. Laundry			0
D. Housekeeping			86,969
E. Operating Expense Component & Per Diem	125.3461	125.3461	988,479
3. Resident Care			
A. Dietary			177,602
B. Other			0
C. Nursing			711,967
D. Resident Care & Per Diem	112.8036	112.8036	889,569
4. Prop Exp & Per Diem	16.1657	16.1657	127,483
5. ROE/Use Per Diem	2.9472	2.9472	23,242
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	36.50	7,813.00	7,849.50
3. Staffing Percent	0.0046	0.9954	1.0000
4. Allocation of Direct Care	6,209.92	1,329,263.08	1,335,473.00
5. Direct Care Expense Per Diem	85.0674	170.1348	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	73	7,813	7,886
2. Additional Services	2,362	252,762	255,124
3. Additional Services Exp & Per Diem	32.3562	32.3515	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	125.3461	125.3461	988,479
2. Resident Care Component	230.2272	315.2899	2,480,166
3. Property Cost Component	16.1657	16.1657	127,483
4. ROE/Use Allow Component	2.9472	2.9472	23,242
<b>5. Total Cost Per Diem</b>	<b>374.6862</b>	<b>459.7489</b>	<b>3,619,370</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	112.8036	112.8036	A3D Allowable Resident Care Exp	889,569
B5 Allocation of D/C Expenses	85.0674	170.1348	B4 Allocation of D/C Expenses	1,335,473
C3 Additional Services per Diem	32.3562	32.3515	C2 Additional Services per Diem	255,124
<b>Total Resident Care Component</b>	<b>230.2272</b>	<b>315.2899</b>	<b>Total Resident Care Component</b>	<b>2,480,166</b>

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# Florida Agency For Health Care Administration

031262200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Barranger Group Home (Mentor)**  
 Provider Number: 31262200  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Kiswani, Farah  
 Rate Semester : July, 2018  
 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
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			
A. Administration			79,817
B. Plant Operation			31,938
C. Laundry			0
D. Housekeeping			3,434
E. Operating Expense Component & Per Diem	52.4540	52.4540	115,189
3. Resident Care			
A. Dietary			25,269
B. Other			0
C. Nursing			24,606
D. Resident Care & Per Diem	22.7117	22.7117	49,875
4. Prop Exp & Per Diem	17.3661	17.3661	38,136
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	294,490.26	78,530.74	373,021.00
5. Direct Care Expense Per Diem	160.9236	214.5649	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	17,816	3,563	21,379
3. Additional Services Exp & Per Diem	9.7355	9.7350	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	52.4540	52.4540	115,189
2. Resident Care Component	193.3708	247.0116	444,275
3. Property Cost Component	17.3661	17.3661	38,136
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>263.1909</b>	<b>316.8317</b>	<b>597,600</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	22.7117	22.7117	A3D Allowable Resident Care Exp	49,875
B5 Allocation of D/C Expenses	160.9236	214.5649	B4 Allocation of D/C Expenses	373,021
C3 Additional Services per Diem	9.7355	9.7350	C2 Additional Services per Diem	21,379
<b>Total Resident Care Component</b>	<b>193.3708</b>	<b>247.0116</b>	<b>Total Resident Care Component</b>	<b>444,275</b>

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# Florida Agency For Health Care Administration

031263100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Greenridge Group Home (Mentor)**

Cost Report Entered By : Kiswani, Farah

Provider Number: 31263100

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			55,442
B. Plant Operation			33,281
C. Laundry			0
D. Housekeeping			2,958
E. Operating Expense Component & Per Diem	41.7491		91,681
3. Resident Care			
A. Dietary			15,657
B. Other			0
C. Nursing			13,864
D. Resident Care & Per Diem	13.4431		29,521
4. Prop Exp & Per Diem	14.5009		31,844
5. ROE/Use Per Diem	0.0000		0
<b><u>B. Direct Care Expense</u></b>			
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	260,709.00	0.00	260,709.00
5. Direct Care Expense Per Diem	118.7199	0.0000	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	23,646	0	23,646
3. Additional Services Exp & Per Diem	10.7678	0.0000	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	41.7491	0.0000	91,681
2. Resident Care Component	142.9308	0.0000	313,876
3. Property Cost Component	14.5009	0.0000	31,844
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>199.1808</b>	<b>0.0000</b>	<b>437,401</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100
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FYE: 09/30/2016
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	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	13.4431	0.0000	A3D Allowable Resident Care Exp	29,521
B5 Allocation of D/C Expenses	118.7199	0.0000	B4 Allocation of D/C Expenses	260,709
C3 Additional Services per Diem	10.7678	0.0000	C2 Additional Services per Diem	23,646
<b>Total Resident Care Component</b>	<b>142.9308</b>	<b>0.0000</b>	<b>Total Resident Care Component</b>	<b>313,876</b>

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# Florida Agency For Health Care Administration

031264900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **Pensacola Cluster (Mentor)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 31264900

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	8,135	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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>333.6498</b>	<b>406.4671</b>	<b>3,306,609</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900
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FYE: 09/30/2016
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	Extrapolated R/I			TOTALS
	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
<b>Total Resident Care Component</b>	<b>204.0494</b>	<b>276.8667</b>	<b>Total Resident Care Component</b>	<b>2,252,310</b>

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# Florida Agency For Health Care Administration

**031265700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name:	<b>Caprona Group Home (Mentor)</b>	Cost Report Entered By :	Stepka, Kimber
Provider Number:	31265700	Rate Semester :	July, 2018
Audit Status:	Unaudited Costs	Cost Report :	10/1/2016 - 9/30/2017
Date:	6/19/2018	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	1,565	397	1,962
2. Operating Expenses component			
A. Administration			104,537
B. Plant Operation			32,430
C. Laundry			0
D. Housekeeping			7,374
E. Operating Expense Component & Per Diem	73.5683	73.5683	144,341
3. Resident Care			
A. Dietary			20,658
B. Other			0
C. Nursing			52,916
D. Resident Care & Per Diem	37.4995	37.4995	73,574
4. Prop Exp & Per Diem	24.5061	24.5061	48,081
5. ROE/Use Per Diem	0.8206	0.8206	1,610
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,173.75	397.00	1,570.75
3. Staffing Percent	0.7473	0.2527	1.0000
4. Allocation of Direct Care	226,538.42	76,622.58	303,161.00
5. Direct Care Expense Per Diem	144.7530	193.0040	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	1,565	397	1,962
2. Additional Services	58,614	14,869	73,483
3. Additional Services Exp & Per Diem	37.4530	37.4534	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	73.5683	73.5683	144,341
2. Resident Care Component	219.7055	267.9569	487,662
3. Property Cost Component	24.5061	24.5061	48,081
4. ROE/Use Allow Component	0.8206	0.8206	1,610
<b>5. Total Cost Per Diem</b>	<b>318.6005</b>	<b>366.8519</b>	<b>644,250</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.4995	37.4995	A3D Allowable Resident Care Exp	73,574
B5 Allocation of D/C Expenses	144.7530	193.0040	B4 Allocation of D/C Expenses	303,161
C3 Additional Services per Diem	37.4530	37.4534	C2 Additional Services per Diem	73,483
<b>Total Resident Care Component</b>	<b>219.7055</b>	<b>267.9569</b>	<b>Total Resident Care Component</b>	<b>450,218</b>

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**Florida Agency For Health Care Administration**

**031266500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Rich Street Group Home (Mentor)**  
 Provider Number: 31266500  
 Audit Status: Unaudited Costs  
 Date: 6/19/2018

Cost Report Entered By : Stepka, Kimber  
 Rate Semester : July, 2018  
 Cost Report : 10/1/2016 - 9/30/2017  
 Days In Reporting Period: 365  
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,825	365	2,190
2. Operating Expenses component			
A. Administration			76,812
B. Plant Operation			45,930
C. Laundry			0
D. Housekeeping			6,253
E. Operating Expense Component & Per Diem	58.9018	58.9018	128,995
3. Resident Care			
A. Dietary			18,298
B. Other			0
C. Nursing			55,102
D. Resident Care & Per Diem	33.5160	33.5160	73,400
4. Prop Exp & Per Diem	15.2772	15.2772	33,457
5. ROE/Use Per Diem	0.2863	0.2863	627
<b>B. Direct Care Expense</b>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	365.00	1,733.75
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	187,326.31	49,953.69	237,280.00
5. Direct Care Expense Per Diem	102.6446	136.8594	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,825	365	2,190
2. Additional Services	32,933	6,587	39,520
3. Additional Services Exp & Per Diem	18.0455	18.0466	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	58.9018	58.9018	128,995
2. Resident Care Component	154.2061	188.4220	350,200
3. Property Cost Component	15.2772	15.2772	33,457
4. ROE/Use Allow Component	0.2863	0.2863	627
<b>5. Total Cost Per Diem</b>	<b>228.6714</b>	<b>262.8873</b>	<b>513,279</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500
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FYE: 09/30/2017
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.5160	33.5160	A3D Allowable Resident Care Exp	73,400
B5 Allocation of D/C Expenses	102.6446	136.8594	B4 Allocation of D/C Expenses	237,280
C3 Additional Services per Diem	18.0455	18.0466	C2 Additional Services per Diem	39,520
<b>Total Resident Care Component</b>	<b>154.2061</b>	<b>188.4220</b>	<b>Total Resident Care Component</b>	<b>350,200</b>

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# Florida Agency For Health Care Administration

031267300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2018

Provider Name: **Sandpiper Cluster (Mentor)**

Cost Report Entered By : Kiswani, Farah

Provider Number: 31267300

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 10/1/2015 - 9/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	1,402	7,122	8,524
2. Operating Expenses component			
A. Administration			446,821
B. Plant Operation			194,886
C. Laundry			0
D. Housekeeping			26,241
E. Operating Expense Component & Per Diem	78.3609	78.3609	667,948
3. Resident Care			
A. Dietary			142,889
B. Other			0
C. Nursing			624,344
D. Resident Care & Per Diem	90.0086	90.0086	767,233
4. Prop Exp & Per Diem	17.3055	17.3055	147,512
5. ROE/Use Per Diem	1.6683	1.6683	14,221
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	701.00	7,122.00	7,823.00
3. Staffing Percent	0.0896	0.9104	1.0000
4. Allocation of Direct Care	108,869.97	1,106,094.03	1,214,964.00
5. Direct Care Expense Per Diem	77.6533	155.3067	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,402	7,122	8,524
2. Additional Services	31,392	159,465	190,857
3. Additional Services Exp & Per Diem	22.3909	22.3905	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	78.3609	78.3609	667,948
2. Resident Care Component	190.0528	267.7058	2,173,054
3. Property Cost Component	17.3055	17.3055	147,512
4. ROE/Use Allow Component	1.6683	1.6683	14,221
<b>5. Total Cost Per Diem</b>	<b>287.3875</b>	<b>365.0405</b>	<b>3,002,735</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300
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FYE: 09/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	90.0086	90.0086	A3D Allowable Resident Care Exp	767,233
B5 Allocation of D/C Expenses	77.6533	155.3067	B4 Allocation of D/C Expenses	1,214,964
C3 Additional Services per Diem	22.3909	22.3905	C2 Additional Services per Diem	190,857
<b>Total Resident Care Component</b>	190.0528	267.7058	<b>Total Resident Care Component</b>	<b>2,173,054</b>

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# Florida Agency For Health Care Administration

031345900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2017 to 7/2018

Provider Name: **New Horizons Village**

Cost Report Entered By : Samuel, Rydell

Provider Number: 31345900

Rate Semester : July, 2018

Audit Status: Unaudited Costs

Cost Report : 12/1/2015 - 11/30/2016

Date: 6/19/2018

Days In Reporting Period: 366

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	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>B. Direct Care Expense</b>			
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	
<b>C. Additional Services Expense</b>			
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	
<b>D. Medicaid Per Diem Cost</b>			
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
<b>5. Total Cost Per Diem</b>	<b>356.9686</b>	<b>483.8088</b>	<b>6,228,564</b>

## Resident Care Component Per-Diem Calculation

Facility Name: New Horizons Village

Provider Number: 31345900
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FYE: 11/30/2016
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	R/I & N/M Days			TOTALS
	R/I	N/M		
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
<b>Total Resident Care Component</b>	<b>232.1722</b>	<b>359.0124</b>	<b>Total Resident Care Component</b>	<b>4,084,313</b>

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