



Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 12/1/2016 - 11/30/2017
 Days In Reporting Period: 365
 Number of Beds: 60

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,823	0	21,823
2. Operating Expenses component			
A. Administration			710,138
B. Plant Operation			287,380
C. Laundry			31,724
D. Housekeeping			29,640
E. Operating Expense Component & Per Diem	48.5214		1,058,882
3. Resident Care			
A. Dietary			359,828
B. Other			0
C. Nursing			362,268
D. Resident Care & Per Diem	33.0888		722,096
4. Prop Exp & Per Diem	20.9303		456,763
5. ROE/Use Per Diem	0.9632		21,019
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	10,911.50	0.00	10,911.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,236,531.00	0.00	2,236,531.00
5. Direct Care Expense Per Diem	102.4850	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,823	0	21,823
2. Additional Services	345,828	0	345,828
3. Additional Services Exp & Per Diem	15.8470	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	48.5214	0.0000	1,058,882
2. Resident Care Component	151.4208	0.0000	3,304,455
3. Property Cost Component	20.9303	0.0000	456,763
4. ROE/Use Allow Component	0.9632	0.0000	21,019
5. Total Cost Per Diem	221.8357	0.0000	4,841,119

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300

FYE: 11/30/2017

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.0888	0.0000	A3D Allowable Resident Care Exp	722,096
B5 Allocation of D/C Expenses	102.4850	0.0000	B4 Allocation of D/C Expenses	2,236,531
C3 Additional Services per Diem	15.8470	0.0000	C2 Additional Services per Diem	345,828
Total Resident Care Component	151.4208	0.0000	Total Resident Care Component	3,304,455

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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) 07/2019 to 7/2019

Provider Name: **Miner North**

Cost Report Entered By : Berry, Alycia

Provider Number: 01069500

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 6/1/2017 - 5/31/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	730	8,030	8,760
2. Operating Expenses component			
A. Administration			659,071
B. Plant Operation			317,372
C. Laundry			8,440
D. Housekeeping			57,256
E. Operating Expense Component & Per Diem	118.9656	118.9656	1,042,139
3. Resident Care			
A. Dietary			314,169
B. Other			0
C. Nursing			325,196
D. Resident Care & Per Diem	72.9869	72.9869	639,365
4. Prop Exp & Per Diem	53.5672	53.5672	469,249
5. ROE/Use Per Diem	4.6226	4.6226	40,494
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	365.00	8,030.00	8,395.00
3. Staffing Percent	0.0435	0.9565	1.0000
4. Allocation of Direct Care	61,911.61	1,362,055.39	1,423,967.00
5. Direct Care Expense Per Diem	84.8104	169.6208	
C. Additional Services Expense			
1. Medicaid Inpatient Days	730	8,030	8,760
2. Additional Services	20,578	226,356	246,934
3. Additional Services Exp & Per Diem	28.1890	28.1888	
D. Medicaid Per Diem Cost			
1. Operating Component	118.9656	118.9656	1,042,139
2. Resident Care Component	185.9863	270.7965	2,310,266
3. Property Cost Component	53.5672	53.5672	469,249
4. ROE/Use Allow Component	4.6226	4.6226	40,494
5. Total Cost Per Diem	363.1417	447.9519	3,862,148

Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500

FYE: 05/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	72.9869	72.9869	A3D Allowable Resident Care Exp	639,365
B5 Allocation of D/C Expenses	84.8104	169.6208	B4 Allocation of D/C Expenses	1,423,967
C3 Additional Services per Diem	28.1890	28.1888	C2 Additional Services per Diem	246,934
Total Resident Care Component	185.9863	270.7965	Total Resident Care Component	2,310,266

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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) 07/2019 to 7/2019

Provider Name: **Miner South**

Cost Report Entered By : Berry, Alycia

Provider Number: 01071000

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 6/1/2017 - 5/31/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	7,609	8,704
2. Operating Expenses component			
A. Administration			641,195
B. Plant Operation			336,496
C. Laundry			8,665
D. Housekeeping			49,526
E. Operating Expense Component & Per Diem	119.0122	119.0122	1,035,882
3. Resident Care			
A. Dietary			283,403
B. Other			0
C. Nursing			360,493
D. Resident Care & Per Diem	73.9770	73.9770	643,896
4. Prop Exp & Per Diem	53.7071	53.7071	467,467
5. ROE/Use Per Diem	4.4789	4.4789	38,984
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	547.50	7,609.00	8,156.50
3. Staffing Percent	0.0671	0.9329	1.0000
4. Allocation of Direct Care	90,983.34	1,264,460.66	1,355,444.00
5. Direct Care Expense Per Diem	83.0898	166.1796	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	7,609	8,704
2. Additional Services	29,244	203,210	232,454
3. Additional Services Exp & Per Diem	26.7068	26.7065	
D. Medicaid Per Diem Cost			
1. Operating Component	119.0122	119.0122	1,035,882
2. Resident Care Component	183.7736	266.8631	2,231,794
3. Property Cost Component	53.7071	53.7071	467,467
4. ROE/Use Allow Component	4.4789	4.4789	38,984
5. Total Cost Per Diem	360.9718	444.0613	3,774,127

Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000
FYE: 05/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	73.9770	73.9770	A3D Allowable Resident Care Exp	643,896
B5 Allocation of D/C Expenses	83.0898	166.1796	B4 Allocation of D/C Expenses	1,355,444
C3 Additional Services per Diem	26.7068	26.7065	C2 Additional Services per Diem	232,454
Total Resident Care Component	183.7736	266.8631	Total Resident Care Component	2,231,794

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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) 07/2019 to 7/2019

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,456	728	2,184
2. Operating Expenses component			
A. Administration			210,268
B. Plant Operation			6,116
C. Laundry			0
D. Housekeeping			15,788
E. Operating Expense Component & Per Diem	106.3059	106.3059	232,172
3. Resident Care			
A. Dietary			12,842
B. Other			0
C. Nursing			75,806
D. Resident Care & Per Diem	40.5897	40.5897	88,648
4. Prop Exp & Per Diem	18.5728	18.5728	40,563
5. ROE/Use Per Diem	8.7166	8.7166	19,037
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,092.00	728.00	1,820.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	228,382.80	152,255.20	380,638.00
5. Direct Care Expense Per Diem	156.8563	209.1418	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,456	728	2,184
2. Additional Services	7,723	3,862	11,585
3. Additional Services Exp & Per Diem	5.3043	5.3049	
D. Medicaid Per Diem Cost			
1. Operating Component	106.3059	106.3059	232,172
2. Resident Care Component	202.7503	255.0364	480,871
3. Property Cost Component	18.5728	18.5728	40,563
4. ROE/Use Allow Component	8.7166	8.7166	19,037
5. Total Cost Per Diem	336.3456	388.6317	772,643

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.5897	40.5897	A3D Allowable Resident Care Exp	88,648
B5 Allocation of D/C Expenses	156.8563	209.1418	B4 Allocation of D/C Expenses	380,638
C3 Additional Services per Diem	5.3043	5.3049	C2 Additional Services per Diem	11,585
Total Resident Care Component	202.7503	255.0364	Total Resident Care Component	480,871

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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) 07/2019 to 7/2019

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,536	571	2,107
2. Operating Expenses component			
A. Administration			96,820
B. Plant Operation			32,453
C. Laundry			0
D. Housekeeping			5,260
E. Operating Expense Component & Per Diem	63.8505	63.8505	134,533
3. Resident Care			
A. Dietary			13,432
B. Other			0
C. Nursing			54,777
D. Resident Care & Per Diem	32.3726	32.3726	68,209
4. Prop Exp & Per Diem	14.7209	14.7209	31,017
5. ROE/Use Per Diem	1.5112	1.5112	3,184
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,152.00	571.00	1,723.00
3. Staffing Percent	0.6686	0.3314	1.0000
4. Allocation of Direct Care	229,350.97	113,680.03	343,031.00
5. Direct Care Expense Per Diem	149.3170	199.0894	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,536	571	2,107
2. Additional Services	20,765	7,719	28,484
3. Additional Services Exp & Per Diem	13.5189	13.5184	
D. Medicaid Per Diem Cost			
1. Operating Component	63.8505	63.8505	134,533
2. Resident Care Component	195.2085	244.9804	439,724
3. Property Cost Component	14.7209	14.7209	31,017
4. ROE/Use Allow Component	1.5112	1.5112	3,184
5. Total Cost Per Diem	275.2911	325.0630	608,458

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.3726	32.3726	A3D Allowable Resident Care Exp	68,209
B5 Allocation of D/C Expenses	149.3170	199.0894	B4 Allocation of D/C Expenses	343,031
C3 Additional Services per Diem	13.5189	13.5184	C2 Additional Services per Diem	28,484
Total Resident Care Component	195.2085	244.9804	Total Resident Care Component	439,724

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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) 07/2017 to 7/2019

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 Number of Beds: 6

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

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300

FYE: 09/30/2016

	R/I & N/M Days			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
Total Resident Care Component	212.5782	259.3609	Total Resident Care Component	552,434

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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) 07/2019 to 7/2019

Provider Name:	Suffridge Drive Group Home (SH of F)	Cost Report Entered By :	Berry, Alycia
Provider Number:	12073200	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,844	0	1,844
2. Operating Expenses component			
A. Administration			198,251
B. Plant Operation			30,904
C. Laundry			192
D. Housekeeping			3,615
E. Operating Expense Component & Per Diem	126.3351		232,962
3. Resident Care			
A. Dietary			31,554
B. Other			7,019
C. Nursing			47,365
D. Resident Care & Per Diem	46.6041		85,938
4. Prop Exp & Per Diem	21.7473		40,102
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,383.00	0.00	1,383.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	390,243.00	0.00	390,243.00
5. Direct Care Expense Per Diem	211.6285	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,844	0	1,844
2. Additional Services	21,160	0	21,160
3. Additional Services Exp & Per Diem	11.4751	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	126.3351	0.0000	232,962
2. Resident Care Component	269.7077	0.0000	497,341
3. Property Cost Component	21.7473	0.0000	40,102
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	417.7901	0.0000	770,405

Resident Care Component Per-Diem Calculation

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

Provider Number: 12073200

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.6041	0.0000	A3D Allowable Resident Care Exp	85,938
B5 Allocation of D/C Expenses	211.6285	0.0000	B4 Allocation of D/C Expenses	390,243
C3 Additional Services per Diem	11.4751	0.0000	C2 Additional Services per Diem	21,160
Total Resident Care Component	269.7077	0.0000	Total Resident Care Component	497,341

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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) 07/2019 to 7/2019

Provider Name:	Coletta Drive Group Home (SH of F)	Cost Report Entered By :	Berry, Alycia
Provider Number:	12074200	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,333	786	2,119
2. Operating Expenses component			
A. Administration			211,459
B. Plant Operation			26,007
C. Laundry			385
D. Housekeeping			3,185
E. Operating Expense Component & Per Diem	113.7499	113.7499	241,036
3. Resident Care			
A. Dietary			22,800
B. Other			57,970
C. Nursing			10,332
D. Resident Care & Per Diem	42.9929	42.9929	91,102
4. Prop Exp & Per Diem	19.0307	19.0307	40,326
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	999.75	786.00	1,785.75
3. Staffing Percent	0.5598	0.4402	1.0000
4. Allocation of Direct Care	177,679.77	139,691.23	317,371.00
5. Direct Care Expense Per Diem	133.2932	177.7242	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,333	786	2,119
2. Additional Services	12,100	7,135	19,235
3. Additional Services Exp & Per Diem	9.0773	9.0776	
D. Medicaid Per Diem Cost			
1. Operating Component	113.7499	113.7499	241,036
2. Resident Care Component	185.3634	229.7947	427,708
3. Property Cost Component	19.0307	19.0307	40,326
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	318.1440	362.5753	709,070

Resident Care Component Per-Diem Calculation

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

Provider Number: 12074200

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	42.9929	42.9929	A3D Allowable Resident Care Exp	91,102
B5 Allocation of D/C Expenses	133.2932	177.7242	B4 Allocation of D/C Expenses	317,371
C3 Additional Services per Diem	9.0773	9.0776	C2 Additional Services per Diem	19,235
Total Resident Care Component	185.3634	229.7947	Total Resident Care Component	427,708

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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) 07/2019 to 7/2019

Provider Name:	Spring Street Group Home (SH of F)	Cost Report Entered By :	Berry, Alycia
Provider Number:	12074800	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	967	424	1,391
2. Operating Expenses component			
A. Administration			178,406
B. Plant Operation			19,359
C. Laundry			131
D. Housekeeping			3,903
E. Operating Expense Component & Per Diem	145.0748	145.0748	201,799
3. Resident Care			
A. Dietary			18,601
B. Other			29,537
C. Nursing			17,110
D. Resident Care & Per Diem	46.9073	46.9073	65,248
4. Prop Exp & Per Diem	20.3501	20.3501	28,307
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	725.25	424.00	1,149.25
3. Staffing Percent	0.6311	0.3689	1.0000
4. Allocation of Direct Care	165,844.81	96,957.19	262,802.00
5. Direct Care Expense Per Diem	171.5045	228.6726	
C. Additional Services Expense			
1. Medicaid Inpatient Days	967	424	1,391
2. Additional Services	8,828	3,871	12,699
3. Additional Services Exp & Per Diem	9.1293	9.1297	
D. Medicaid Per Diem Cost			
1. Operating Component	145.0748	145.0748	201,799
2. Resident Care Component	227.5411	284.7096	340,749
3. Property Cost Component	20.3501	20.3501	28,307
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	392.9660	450.1345	570,855

Resident Care Component Per-Diem Calculation

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

Provider Number: 12074800

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	46.9073	46.9073	A3D Allowable Resident Care Exp	65,248
B5 Allocation of D/C Expenses	171.5045	228.6726	B4 Allocation of D/C Expenses	262,802
C3 Additional Services per Diem	9.1293	9.1297	C2 Additional Services per Diem	12,699
Total Resident Care Component	227.5411	284.7096	Total Resident Care Component	340,749

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Resident Care Component Per-Diem Calculation

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

Provider Number: 12075300

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.9906	36.9906	A3D Allowable Resident Care Exp	55,301
B5 Allocation of D/C Expenses	156.9799	209.3065	B4 Allocation of D/C Expenses	241,592
C3 Additional Services per Diem	8.8078	8.8182	C2 Additional Services per Diem	13,169
Total Resident Care Component	202.7783	255.1153	Total Resident Care Component	310,062

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Resident Care Component Per-Diem Calculation

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

Provider Number: 12075700

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.9388	26.9388	A3D Allowable Resident Care Exp	58,969
B5 Allocation of D/C Expenses	129.9435	173.2579	B4 Allocation of D/C Expenses	300,256
C3 Additional Services per Diem	6.0894	6.0904	C2 Additional Services per Diem	13,330
Total Resident Care Component	162.9717	206.2871	Total Resident Care Component	372,555

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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) 07/2019 to 7/2019

Provider Name: **Frederick Avenue Group Home (SH of F)** Cost Report Entered By : Berry, Alycia
 Provider Number: 12075900 Rate Semester : July, 2019
 Audit Status: Unaudited Costs Cost Report : 11/1/2017 - 10/31/2018
 Date: 7/1/2019 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,128	61	2,189
2. Operating Expenses component			
A. Administration			218,917
B. Plant Operation			37,457
C. Laundry			203
D. Housekeeping			5,732
E. Operating Expense Component & Per Diem	119.8305	119.8305	262,309
3. Resident Care			
A. Dietary			24,555
B. Other			71,125
C. Nursing			20,198
D. Resident Care & Per Diem	52.9365	52.9365	115,878
4. Prop Exp & Per Diem	15.9612	15.9612	34,939
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,596.00	61.00	1,657.00
3. Staffing Percent	0.9632	0.0368	1.0000
4. Allocation of Direct Care	303,580.97	11,603.03	315,184.00
5. Direct Care Expense Per Diem	142.6602	190.2136	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,128	61	2,189
2. Additional Services	18,354	525	18,879
3. Additional Services Exp & Per Diem	8.6250	8.6066	
D. Medicaid Per Diem Cost			
1. Operating Component	119.8305	119.8305	262,309
2. Resident Care Component	204.2217	251.7567	449,941
3. Property Cost Component	15.9612	15.9612	34,939
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	340.0134	387.5484	747,189

Resident Care Component Per-Diem Calculation

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

Provider Number: 12075900

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	52.9365	52.9365	A3D Allowable Resident Care Exp	115,878
B5 Allocation of D/C Expenses	142.6602	190.2136	B4 Allocation of D/C Expenses	315,184
C3 Additional Services per Diem	8.6250	8.6066	C2 Additional Services per Diem	18,879
Total Resident Care Component	204.2217	251.7567	Total Resident Care Component	449,941

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 12373500

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 11/1/2017 - 10/31/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,573	338	1,911
2. Operating Expenses component			
A. Administration			195,965
B. Plant Operation			28,137
C. Laundry			4,285
D. Housekeeping			8,633
E. Operating Expense Component & Per Diem	124.0293	124.0293	237,020
3. Resident Care			
A. Dietary			23,559
B. Other			58,799
C. Nursing			48,825
D. Resident Care & Per Diem	68.6463	68.6463	131,183
4. Prop Exp & Per Diem	16.9587	16.9587	32,408
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,179.75	338.00	1,517.75
3. Staffing Percent	0.7773	0.2227	1.0000
4. Allocation of Direct Care	252,259.35	72,272.65	324,532.00
5. Direct Care Expense Per Diem	160.3683	213.8244	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,573	338	1,911
2. Additional Services	12,530	2,692	15,222
3. Additional Services Exp & Per Diem	7.9657	7.9645	
D. Medicaid Per Diem Cost			
1. Operating Component	124.0293	124.0293	237,020
2. Resident Care Component	236.9803	290.4352	470,937
3. Property Cost Component	16.9587	16.9587	32,408
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	377.9683	431.4232	740,365

Resident Care Component Per-Diem Calculation

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

Provider Number: 12373500

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	68.6463	68.6463	A3D Allowable Resident Care Exp	131,183
B5 Allocation of D/C Expenses	160.3683	213.8244	B4 Allocation of D/C Expenses	324,532
C3 Additional Services per Diem	7.9657	7.9645	C2 Additional Services per Diem	15,222
Total Resident Care Component	236.9803	290.4352	Total Resident Care Component	470,937

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012374200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	Second Street Group Home (SH of F)	Cost Report Entered By :	Berry, Alycia
Provider Number:	12374200	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	11/1/2017 - 10/31/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,031	0	2,031
2. Operating Expenses component			
A. Administration			212,945
B. Plant Operation			23,657
C. Laundry			126
D. Housekeeping			5,401
E. Operating Expense Component & Per Diem	119.2166		242,129
3. Resident Care			
A. Dietary			22,539
B. Other			73,885
C. Nursing			40,400
D. Resident Care & Per Diem	67.3678		136,824
4. Prop Exp & Per Diem	14.9350		30,333
5. ROE/Use Per Diem	0.0000		0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,523.25	0.00	1,523.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	330,151.00	0.00	330,151.00
5. Direct Care Expense Per Diem	162.5559	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,031	0	2,031
2. Additional Services	19,047	0	19,047
3. Additional Services Exp & Per Diem	9.3781	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	119.2166	0.0000	242,129
2. Resident Care Component	239.3018	0.0000	486,022
3. Property Cost Component	14.9350	0.0000	30,333
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	373.4534	0.0000	758,484

Resident Care Component Per-Diem Calculation

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

Provider Number: 12374200

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	67.3678	0.0000	A3D Allowable Resident Care Exp	136,824
B5 Allocation of D/C Expenses	162.5559	0.0000	B4 Allocation of D/C Expenses	330,151
C3 Additional Services per Diem	9.3781	0.0000	C2 Additional Services per Diem	19,047
Total Resident Care Component	239.3018	0.0000	Total Resident Care Component	486,022

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Rosewood Avenue Group Home (SH of F)** Cost Report Entered By : Berry, Alycia
 Provider Number: 12374400 Rate Semester : July, 2019
 Audit Status: Unaudited Costs Cost Report : 11/1/2017 - 10/31/2018
 Date: 7/1/2019 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			222,330
B. Plant Operation			25,803
C. Laundry			216
D. Housekeeping			5,649
E. Operating Expense Component & Per Diem	115.9808		253,998
3. Resident Care			
A. Dietary			25,310
B. Other			91,266
C. Nursing			20,212
D. Resident Care & Per Diem	62.4603		136,788
4. Prop Exp & Per Diem	20.6110		45,138
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
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	283,809.00	0.00	283,809.00
5. Direct Care Expense Per Diem	129.5932	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	12,106	0	12,106
3. Additional Services Exp & Per Diem	5.5279	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	115.9808	0.0000	253,998
2. Resident Care Component	197.5814	0.0000	432,703
3. Property Cost Component	20.6110	0.0000	45,138
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	334.1732	0.0000	731,839

Resident Care Component Per-Diem Calculation

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

Provider Number: 12374400

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.4603	0.0000	A3D Allowable Resident Care Exp	136,788
B5 Allocation of D/C Expenses	129.5932	0.0000	B4 Allocation of D/C Expenses	283,809
C3 Additional Services per Diem	5.5279	0.0000	C2 Additional Services per Diem	12,106
Total Resident Care Component	197.5814	0.0000	Total Resident Care Component	432,703

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **19th Street Group Home (SH of F)**
 Provider Number: 12375400
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 11/1/2017 - 10/31/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,429	453	1,882
2. Operating Expenses component			
A. Administration			180,128
B. Plant Operation			27,094
C. Laundry			10
D. Housekeeping			7,214
E. Operating Expense Component & Per Diem	113.9458	113.9458	214,446
3. Resident Care			
A. Dietary			20,244
B. Other			34,526
C. Nursing			46,509
D. Resident Care & Per Diem	53.8146	53.8146	101,279
4. Prop Exp & Per Diem	17.4442	17.4442	32,830
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,071.75	453.00	1,524.75
3. Staffing Percent	0.7029	0.2971	1.0000
4. Allocation of Direct Care	223,046.31	94,275.69	317,322.00
5. Direct Care Expense Per Diem	156.0856	208.1141	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,429	453	1,882
2. Additional Services	10,656	3,378	14,034
3. Additional Services Exp & Per Diem	7.4570	7.4570	
D. Medicaid Per Diem Cost			
1. Operating Component	113.9458	113.9458	214,446
2. Resident Care Component	217.3572	269.3857	432,635
3. Property Cost Component	17.4442	17.4442	32,830
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	348.7472	400.7757	679,911

Resident Care Component Per-Diem Calculation

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

Provider Number: 12375400

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	53.8146	53.8146	A3D Allowable Resident Care Exp	101,279
B5 Allocation of D/C Expenses	156.0856	208.1141	B4 Allocation of D/C Expenses	317,322
C3 Additional Services per Diem	7.4570	7.4570	C2 Additional Services per Diem	14,034
Total Resident Care Component	217.3572	269.3857	Total Resident Care Component	432,635

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Resident Care Component Per-Diem Calculation

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

Provider Number: 12386400

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.6731	0.0000	A3D Allowable Resident Care Exp	75,934
B5 Allocation of D/C Expenses	162.1735	0.0000	B4 Allocation of D/C Expenses	355,160
C3 Additional Services per Diem	2.6922	0.0000	C2 Additional Services per Diem	5,896
Total Resident Care Component	199.5388	0.0000	Total Resident Care Component	436,990

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Plaza Oval Group Home (SH of F)**
 Provider Number: 12390800
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 11/1/2017 - 10/31/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			214,791
B. Plant Operation			27,536
C. Laundry			135
D. Housekeeping			2,108
E. Operating Expense Component & Per Diem	111.6758		244,570
3. Resident Care			
A. Dietary			21,693
B. Other			47,909
C. Nursing			19,000
D. Resident Care & Per Diem	40.4575		88,602
4. Prop Exp & Per Diem	14.9699		32,784
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
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	339,883.00	0.00	339,883.00
5. Direct Care Expense Per Diem	155.1977	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	10,401	0	10,401
3. Additional Services Exp & Per Diem	4.7493	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	111.6758	0.0000	244,570
2. Resident Care Component	200.4045	0.0000	438,886
3. Property Cost Component	14.9699	0.0000	32,784
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	327.0502	0.0000	716,240

Resident Care Component Per-Diem Calculation

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

Provider Number: 12390800

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.4575	0.0000	A3D Allowable Resident Care Exp	88,602
B5 Allocation of D/C Expenses	155.1977	0.0000	B4 Allocation of D/C Expenses	339,883
C3 Additional Services per Diem	4.7493	0.0000	C2 Additional Services per Diem	10,401
Total Resident Care Component	200.4045	0.0000	Total Resident Care Component	438,886

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Claudia Drive Group Home (SH of F)**
 Provider Number: 12392700
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 11/1/2017 - 10/31/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,166	365	1,531
2. Operating Expenses component			
A. Administration			183,131
B. Plant Operation			31,847
C. Laundry			154
D. Housekeeping			5,908
E. Operating Expense Component & Per Diem	144.3762	144.3762	221,040
3. Resident Care			
A. Dietary			17,193
B. Other			3,395
C. Nursing			30,260
D. Resident Care & Per Diem	33.2123	33.2123	50,848
4. Prop Exp & Per Diem	26.7283	26.7283	40,921
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	874.50	365.00	1,239.50
3. Staffing Percent	0.7055	0.2945	1.0000
4. Allocation of Direct Care	219,934.46	91,796.54	311,731.00
5. Direct Care Expense Per Diem	188.6230	251.4974	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,166	365	1,531
2. Additional Services	2,996	938	3,934
3. Additional Services Exp & Per Diem	2.5695	2.5699	
D. Medicaid Per Diem Cost			
1. Operating Component	144.3762	144.3762	221,040
2. Resident Care Component	224.4048	287.2796	366,513
3. Property Cost Component	26.7283	26.7283	40,921
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	395.5093	458.3841	628,474

Resident Care Component Per-Diem Calculation

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

Provider Number: 12392700

FYE: 10/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.2123	33.2123	A3D Allowable Resident Care Exp	50,848
B5 Allocation of D/C Expenses	188.6230	251.4974	B4 Allocation of D/C Expenses	311,731
C3 Additional Services per Diem	2.5695	2.5699	C2 Additional Services per Diem	3,934
Total Resident Care Component	224.4048	287.2796	Total Resident Care Component	366,513

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012410100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **High Desert Court Group Home (SH of F)**
 Provider Number: 12410100
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 11/1/2017 - 10/31/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			217,484
B. Plant Operation			30,079
C. Laundry			84
D. Housekeeping			6,742
E. Operating Expense Component & Per Diem	116.1594		254,389
3. Resident Care			
A. Dietary			20,225
B. Other			7,824
C. Nursing			33,905
D. Resident Care & Per Diem	28.2895		61,954
4. Prop Exp & Per Diem	16.4982		36,131
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
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	306,302.00	0.00	306,302.00
5. Direct Care Expense Per Diem	139.8639	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	13,240	0	13,240
3. Additional Services Exp & Per Diem	6.0457	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	116.1594	0.0000	254,389
2. Resident Care Component	174.1991	0.0000	381,496
3. Property Cost Component	16.4982	0.0000	36,131
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	306.8567	0.0000	672,016

Resident Care Component Per-Diem Calculation

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

Provider Number: 12410100

FYE: 10/31/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.2895	0.0000	A3D Allowable Resident Care Exp	61,954
B5 Allocation of D/C Expenses	139.8639	0.0000	B4 Allocation of D/C Expenses	306,302
C3 Additional Services per Diem	6.0457	0.0000	C2 Additional Services per Diem	13,240
Total Resident Care Component	174.1991	0.0000	Total Resident Care Component	381,496

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015979000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	Log Cabin Enterprises, Inc. (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	15979000	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	25,068	17,503	42,571
2. Operating Expenses component			
A. Administration			2,013,410
B. Plant Operation			1,319,835
C. Laundry			11,591
D. Housekeeping			205,284
E. Operating Expense Component & Per Diem	83.3929	83.3929	3,550,120
3. Resident Care			
A. Dietary			1,399,706
B. Other			861,769
C. Nursing			2,426,159
D. Resident Care & Per Diem	110.1133	110.1133	4,687,634
4. Prop Exp & Per Diem	15.4897	15.4897	659,413
5. ROE/Use Per Diem	3.4360	3.4360	146,275
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	12,534.00	17,503.00	30,037.00
3. Staffing Percent	0.4173	0.5827	1.0000
4. Allocation of Direct Care	2,213,795.59	3,091,436.41	5,305,232.00
5. Direct Care Expense Per Diem	88.3116	176.6232	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	25,068	17,503	42,571
2. Additional Services	364,714	254,652	619,366
3. Additional Services Exp & Per Diem	14.5490	14.5490	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	83.3929	83.3929	3,550,120
2. Resident Care Component	212.9739	301.2855	10,612,232
3. Property Cost Component	15.4897	15.4897	659,413
4. ROE/Use Allow Component	3.4360	3.4360	146,275
5. Total Cost Per Diem	315.2925	403.6041	14,968,040

Resident Care Component Per-Diem Calculation

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

Provider Number: 15979000

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.1133	110.1133	A3D Allowable Resident Care Exp	4,687,634
B5 Allocation of D/C Expenses	88.3116	176.6232	B4 Allocation of D/C Expenses	5,305,232
C3 Additional Services per Diem	14.5490	14.5490	C2 Additional Services per Diem	619,366
Total Resident Care Component	212.9739	301.2855	Total Resident Care Component	10,612,232

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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) 07/2019 to 7/2019

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 1/1/2017 - 12/31/2017
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,894	1,460	23,354
2. Operating Expenses component			
A. Administration			749,382
B. Plant Operation			398,226
C. Laundry			47,175
D. Housekeeping			148,795
E. Operating Expense Component & Per Diem	57.5310	57.5310	1,343,578
3. Resident Care			
A. Dietary			468,560
B. Other			0
C. Nursing			149,155
D. Resident Care & Per Diem	26.4501	26.4501	617,715
4. Prop Exp & Per Diem	11.0254	11.0254	257,487
5. ROE/Use Per Diem	0.0267	0.0267	623
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,947.00	1,460.00	12,407.00
3. Staffing Percent	0.8823	0.1177	1.0000
4. Allocation of Direct Care	2,885,166.67	384,794.33	3,269,961.00
5. Direct Care Expense Per Diem	131.7789	263.5578	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,894	1,460	23,354
2. Additional Services	252,683	16,852	269,535
3. Additional Services Exp & Per Diem	11.5412	11.5425	
D. Medicaid Per Diem Cost			
1. Operating Component	57.5310	57.5310	1,343,578
2. Resident Care Component	169.7702	301.5504	4,157,211
3. Property Cost Component	11.0254	11.0254	257,487
4. ROE/Use Allow Component	0.0267	0.0267	623
5. Total Cost Per Diem	238.3533	370.1335	5,758,899

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300

FYE: 12/31/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.4501	26.4501	A3D Allowable Resident Care Exp	617,715
B5 Allocation of D/C Expenses	131.7789	263.5578	B4 Allocation of D/C Expenses	3,269,961
C3 Additional Services per Diem	11.5412	11.5425	C2 Additional Services per Diem	269,535
Total Resident Care Component	169.7702	301.5504	Total Resident Care Component	4,157,211

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28018601

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,293	7,030	8,323
2. Operating Expenses component			
A. Administration			420,834
B. Plant Operation			206,484
C. Laundry			819
D. Housekeeping			62,885
E. Operating Expense Component & Per Diem	83.0256	83.0256	691,022
3. Resident Care			
A. Dietary			184,133
B. Other			92,881
C. Nursing			640,613
D. Resident Care & Per Diem	110.2520	110.2520	917,627
4. Prop Exp & Per Diem	14.3222	14.3222	119,204
5. ROE/Use Per Diem	2.1946	2.1946	18,266
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	646.50	7,030.00	7,676.50
3. Staffing Percent	0.0842	0.9158	1.0000
4. Allocation of Direct Care	113,164.24	1,230,540.76	1,343,705.00
5. Direct Care Expense Per Diem	87.5207	175.0414	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,293	7,030	8,323
2. Additional Services	13,321	72,427	85,748
3. Additional Services Exp & Per Diem	10.3024	10.3026	
D. Medicaid Per Diem Cost			
1. Operating Component	83.0256	83.0256	691,022
2. Resident Care Component	208.0751	295.5960	2,347,080
3. Property Cost Component	14.3222	14.3222	119,204
4. ROE/Use Allow Component	2.1946	2.1946	18,266
5. Total Cost Per Diem	307.6175	395.1384	3,175,572

Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.2520	110.2520	A3D Allowable Resident Care Exp	917,627
B5 Allocation of D/C Expenses	87.5207	175.0414	B4 Allocation of D/C Expenses	1,343,705
C3 Additional Services per Diem	10.3024	10.3026	C2 Additional Services per Diem	85,748
Total Resident Care Component	208.0751	295.5960	Total Resident Care Component	2,347,080

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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 7/2019

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 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
A. Allocation of Expenses (excluding B & C)			
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	17.2749	17.2749	142,656
5. ROE/Use Per Diem	2.7371	2.7371	22,603
B. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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	17.2749	17.2749	142,656
4. ROE/Use Allow Component	2.7371	2.7371	22,603
5. Total Cost Per Diem	461.3296	553.6468	4,572,015

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
Total Resident Care Component	300.7242	393.0414	Total Resident Care Component	3,245,736

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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) 07/2019 to 7/2019

Provider Name:	McCauley Cluster (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28020801	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,682	5,654	8,336
2. Operating Expenses component			
A. Administration			410,322
B. Plant Operation			141,338
C. Laundry			5,554
D. Housekeeping			35,949
E. Operating Expense Component & Per Diem	71.1568	71.1568	593,163
3. Resident Care			
A. Dietary			147,914
B. Other			86,533
C. Nursing			527,717
D. Resident Care & Per Diem	91.4304	91.4304	762,164
4. Prop Exp & Per Diem	13.3882	13.3882	111,604
5. ROE/Use Per Diem	2.9675	2.9675	24,737
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,341.00	5,654.00	6,995.00
3. Staffing Percent	0.1917	0.8083	1.0000
4. Allocation of Direct Care	358,254.61	1,510,493.39	1,868,748.00
5. Direct Care Expense Per Diem	133.5774	267.1548	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,682	5,654	8,336
2. Additional Services	22,408	47,239	69,647
3. Additional Services Exp & Per Diem	8.3550	8.3550	
D. Medicaid Per Diem Cost			
1. Operating Component	71.1568	71.1568	593,163
2. Resident Care Component	233.3628	366.9402	2,700,559
3. Property Cost Component	13.3882	13.3882	111,604
4. ROE/Use Allow Component	2.9675	2.9675	24,737
5. Total Cost Per Diem	320.8753	454.4527	3,430,063

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	91.4304	91.4304	A3D Allowable Resident Care Exp	762,164
B5 Allocation of D/C Expenses	133.5774	267.1548	B4 Allocation of D/C Expenses	1,868,748
C3 Additional Services per Diem	8.3550	8.3550	C2 Additional Services per Diem	69,647
Total Resident Care Component	233.3628	366.9402	Total Resident Care Component	2,700,559

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028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	Greentree Court Cluster (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28028301	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,495	6,986	8,481
2. Operating Expenses component			
A. Administration			383,868
B. Plant Operation			206,105
C. Laundry			2,086
D. Housekeeping			65,033
E. Operating Expense Component & Per Diem	77.4781	77.4781	657,092
3. Resident Care			
A. Dietary			145,332
B. Other			158,110
C. Nursing			600,189
D. Resident Care & Per Diem	106.5477	106.5477	903,631
4. Prop Exp & Per Diem	8.0763	8.0763	68,495
5. ROE/Use Per Diem	1.4630	1.4630	12,408
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	747.50	6,986.00	7,733.50
3. Staffing Percent	0.0967	0.9033	1.0000
4. Allocation of Direct Care	120,696.00	1,128,003.00	1,248,699.00
5. Direct Care Expense Per Diem	80.7331	161.4662	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,495	6,986	8,481
2. Additional Services	18,156	84,841	102,997
3. Additional Services Exp & Per Diem	12.1445	12.1444	
D. Medicaid Per Diem Cost			
1. Operating Component	77.4781	77.4781	657,092
2. Resident Care Component	199.4253	280.1583	2,255,327
3. Property Cost Component	8.0763	8.0763	68,495
4. ROE/Use Allow Component	1.4630	1.4630	12,408
5. Total Cost Per Diem	286.4427	367.1757	2,993,322

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	106.5477	106.5477	A3D Allowable Resident Care Exp	903,631
B5 Allocation of D/C Expenses	80.7331	161.4662	B4 Allocation of D/C Expenses	1,248,699
C3 Additional Services per Diem	12.1445	12.1444	C2 Additional Services per Diem	102,997
Total Resident Care Component	199.4253	280.1583	Total Resident Care Component	2,255,327

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028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28029101

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	3,741	4,767	8,508
2. Operating Expenses component			
A. Administration			326,156
B. Plant Operation			106,222
C. Laundry			4,585
D. Housekeeping			51,822
E. Operating Expense Component & Per Diem	57.4500	57.4500	488,785
3. Resident Care			
A. Dietary			163,060
B. Other			116,010
C. Nursing			568,776
D. Resident Care & Per Diem	99.6528	99.6528	847,846
4. Prop Exp & Per Diem	12.1965	12.1965	103,768
5. ROE/Use Per Diem	2.2243	2.2243	18,924
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,870.50	4,767.00	6,637.50
3. Staffing Percent	0.2818	0.7182	1.0000
4. Allocation of Direct Care	479,870.40	1,222,957.60	1,702,828.00
5. Direct Care Expense Per Diem	128.2733	256.5466	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	3,741	4,767	8,508
2. Additional Services	26,774	34,117	60,891
3. Additional Services Exp & Per Diem	7.1569	7.1569	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.4500	57.4500	488,785
2. Resident Care Component	235.0830	363.3563	2,611,565
3. Property Cost Component	12.1965	12.1965	103,768
4. ROE/Use Allow Component	2.2243	2.2243	18,924
5. Total Cost Per Diem	306.9538	435.2271	3,223,042

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.6528	99.6528	A3D Allowable Resident Care Exp	847,846
B5 Allocation of D/C Expenses	128.2733	256.5466	B4 Allocation of D/C Expenses	1,702,828
C3 Additional Services per Diem	7.1569	7.1569	C2 Additional Services per Diem	60,891
Total Resident Care Component	235.0830	363.3563	Total Resident Care Component	2,611,565

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028030501

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13	7,989	8,002
2. Operating Expenses component			
A. Administration			375,687
B. Plant Operation			124,836
C. Laundry			66,465
D. Housekeeping			8,127
E. Operating Expense Component & Per Diem	71.8714	71.8714	575,115
3. Resident Care			
A. Dietary			172,813
B. Other			0
C. Nursing			325,928
D. Resident Care & Per Diem	62.3270	62.3270	498,741
4. Prop Exp & Per Diem	8.7721	8.7721	70,194
5. ROE/Use Per Diem	1.1263	1.1263	9,013
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6.50	7,989.00	7,995.50
3. Staffing Percent	0.0008	0.9992	1.0000
4. Allocation of Direct Care	707.35	869,386.65	870,094.00
5. Direct Care Expense Per Diem	54.4117	108.8230	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13	7,989	8,002
2. Additional Services	351	219,275	219,626
3. Additional Services Exp & Per Diem	27.0000	27.4471	
D. Medicaid Per Diem Cost			
1. Operating Component	71.8714	71.8714	575,115
2. Resident Care Component	143.7387	198.5971	1,588,461
3. Property Cost Component	8.7721	8.7721	70,194
4. ROE/Use Allow Component	1.1263	1.1263	9,013
5. Total Cost Per Diem	225.5085	280.3669	2,242,783

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	62.3270	62.3270	A3D Allowable Resident Care Exp	498,741
B5 Allocation of D/C Expenses	54.4117	108.8230	B4 Allocation of D/C Expenses	870,094
C3 Additional Services per Diem	27.0000	27.4471	C2 Additional Services per Diem	219,626
Total Resident Care Component	143.7387	198.5971	Total Resident Care Component	1,588,461

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028031301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28031301

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,529	8,529
2. Operating Expenses component			
A. Administration			325,244
B. Plant Operation			162,834
C. Laundry			2,051
D. Housekeeping			51,868
E. Operating Expense Component & Per Diem	63.5475	63.5475	541,997
3. Resident Care			
A. Dietary			156,017
B. Other			135,516
C. Nursing			563,347
D. Resident Care & Per Diem	100.2321	100.2321	854,880
4. Prop Exp & Per Diem	9.2205	9.2205	78,642
5. ROE/Use Per Diem	1.8859	1.8859	16,085
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,529.00	8,529.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,309,982.00	1,309,982.00
5. Direct Care Expense Per Diem	76.7958	153.5915	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,529	8,529
2. Additional Services	0	139,834	139,834
3. Additional Services Exp & Per Diem	16.3951	16.3951	
D. Medicaid Per Diem Cost			
1. Operating Component	63.5475	63.5475	541,997
2. Resident Care Component	193.4230	270.2187	2,304,696
3. Property Cost Component	9.2205	9.2205	78,642
4. ROE/Use Allow Component	1.8859	1.8859	16,085
5. Total Cost Per Diem	268.0769	344.8726	2,941,420

Resident Care Component Per-Diem Calculation

Facility Name: Bayshore Cluster (Sunrise)

Provider Number: 28031301

FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	100.2321	100.2321	A3D Allowable Resident Care Exp	854,880
B5 Allocation of D/C Expenses	76.7958	153.5915	B4 Allocation of D/C Expenses	1,309,982
C3 Additional Services per Diem	16.3951	16.3951	C2 Additional Services per Diem	139,834
Total Resident Care Component	193.4230	270.2187	Total Resident Care Component	2,304,696

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028032101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Gainesville 39th Avenue Cluster (Res-Care)**
 Provider Number: 28032101
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,348	8,348
2. Operating Expenses component			
A. Administration			466,529
B. Plant Operation			147,688
C. Laundry			3,797
D. Housekeeping			8,186
E. Operating Expense Component & Per Diem	75.0120	75.0120	626,200
3. Resident Care			
A. Dietary			171,584
B. Other			0
C. Nursing			520,787
D. Resident Care & Per Diem	82.9385	82.9385	692,371
4. Prop Exp & Per Diem	7.7441	7.7441	64,648
5. ROE/Use Per Diem	0.9958	0.9958	8,313
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,348.00	8,348.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	831,866.00	831,866.00
5. Direct Care Expense Per Diem	49.8243	99.6485	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,348	8,348
2. Additional Services	0	256,035	256,035
3. Additional Services Exp & Per Diem	30.6702	30.6702	
D. Medicaid Per Diem Cost			
1. Operating Component	75.0120	75.0120	626,200
2. Resident Care Component	163.4330	213.2572	1,780,272
3. Property Cost Component	7.7441	7.7441	64,648
4. ROE/Use Allow Component	0.9958	0.9958	8,313
5. Total Cost Per Diem	247.1849	297.0091	2,479,433

Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101

FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.9385	82.9385	A3D Allowable Resident Care Exp	692,371
B5 Allocation of D/C Expenses	49.8243	99.6485	B4 Allocation of D/C Expenses	831,866
C3 Additional Services per Diem	30.6702	30.6702	C2 Additional Services per Diem	256,035
Total Resident Care Component	163.4330	213.2572	Total Resident Care Component	1,780,272

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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 7/2019

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28035600

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,478	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	364.9484	563.5448	6,953,172

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600

FYE: 09/30/2017

	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
Total Resident Care Component	275.6111	474.2075	Total Resident Care Component	5,426,575

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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 7/2019

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Stepka, Kimber

Provider Number: 28036401

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,279	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	495.1055	604.3369	5,003,305

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401

FYE: 09/30/2017

	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
Total Resident Care Component	341.9319	451.1633	Total Resident Care Component	3,735,181

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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) 07/2019 to 7/2019

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Berry, Alycia

Provider Number: 28037201

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,295	7,295
2. Operating Expenses component			
A. Administration			331,933
B. Plant Operation			199,082
C. Laundry			70
D. Housekeeping			37,899
E. Operating Expense Component & Per Diem	77.9964	77.9964	568,984
3. Resident Care			
A. Dietary			182,630
B. Other			0
C. Nursing			547,742
D. Resident Care & Per Diem	100.1195	100.1195	730,372
4. Prop Exp & Per Diem	9.5751	9.5751	69,850
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	7,295.00	7,295.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,456,423.00	1,456,423.00
5. Direct Care Expense Per Diem	99.8234	199.6467	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,295	7,295
2. Additional Services	0	142,666	142,666
3. Additional Services Exp & Per Diem	19.5567	19.5567	
D. Medicaid Per Diem Cost			
1. Operating Component	77.9964	77.9964	568,984
2. Resident Care Component	219.4996	319.3229	2,329,461
3. Property Cost Component	9.5751	9.5751	69,850
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	307.0711	406.8944	2,968,295

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	100.1195	100.1195	A3D Allowable Resident Care Exp	730,372
B5 Allocation of D/C Expenses	99.8234	199.6467	B4 Allocation of D/C Expenses	1,456,423
C3 Additional Services per Diem	19.5567	19.5567	C2 Additional Services per Diem	142,666
Total Resident Care Component	219.4996	319.3229	Total Resident Care Component	2,329,461

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28038101

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,620	8,620
2. Operating Expenses component			
A. Administration			440,350
B. Plant Operation			153,247
C. Laundry			56,048
D. Housekeeping			11,815
E. Operating Expense Component & Per Diem	76.7355	76.7355	661,460
3. Resident Care			
A. Dietary			132,223
B. Other			0
C. Nursing			342,600
D. Resident Care & Per Diem	55.0839	55.0839	474,823
4. Prop Exp & Per Diem	7.6313	7.6313	65,782
5. ROE/Use Per Diem	0.8427	0.8427	7,264
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,620.00	8,620.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	918,525.00	918,525.00
5. Direct Care Expense Per Diem	53.2787	106.5574	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,620	8,620
2. Additional Services	0	222,550	222,550
3. Additional Services Exp & Per Diem	25.8179	25.8179	
D. Medicaid Per Diem Cost			
1. Operating Component	76.7355	76.7355	661,460
2. Resident Care Component	134.1805	187.4592	1,615,898
3. Property Cost Component	7.6313	7.6313	65,782
4. ROE/Use Allow Component	0.8427	0.8427	7,264
5. Total Cost Per Diem	219.3900	272.6687	2,350,404

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101

FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.0839	55.0839	A3D Allowable Resident Care Exp	474,823
B5 Allocation of D/C Expenses	53.2787	106.5574	B4 Allocation of D/C Expenses	918,525
C3 Additional Services per Diem	25.8179	25.8179	C2 Additional Services per Diem	222,550
Total Resident Care Component	134.1805	187.4592	Total Resident Care Component	1,615,898

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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 7/2019

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Stepka, Kimber
 Rate Semester : July, 2019
 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
A. Allocation of Expenses (excluding B & C)			
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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	494.6604	607.1809	4,486,678

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201

FYE: 09/30/2017

	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
Total Resident Care Component	336.1674	448.6879	Total Resident Care Component	3,304,796

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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) 07/2019 to 7/2019

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,760	8,760
2. Operating Expenses component			
A. Administration			439,723
B. Plant Operation			316,117
C. Laundry			37,413
D. Housekeeping			59,081
E. Operating Expense Component & Per Diem	97.2984	97.2984	852,334
3. Resident Care			
A. Dietary			169,471
B. Other			0
C. Nursing			1,000,814
D. Resident Care & Per Diem	133.5942	133.5942	1,170,285
4. Prop Exp & Per Diem	37.0554	37.0554	324,605
5. ROE/Use Per Diem	2.6661	2.6661	23,355
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,760.00	8,760.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,567,232.00	1,567,232.00
5. Direct Care Expense Per Diem	89.4539	178.9078	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,760	8,760
2. Additional Services	0	101,943	101,943
3. Additional Services Exp & Per Diem	11.6373	11.6373	
D. Medicaid Per Diem Cost			
1.Operating Component	97.2984	97.2984	852,334
2. Resident Care Component	234.6854	324.1393	2,839,460
3. Property Cost Component	37.0554	37.0554	324,605
4. ROE/Use Allow Component	2.6661	2.6661	23,355
5. Total Cost Per Diem	371.7053	461.1592	4,039,754

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	133.5942	133.5942	A3D Allowable Resident Care Exp	1,170,285
B5 Allocation of D/C Expenses	89.4539	178.9078	B4 Allocation of D/C Expenses	1,567,232
C3 Additional Services per Diem	11.6373	11.6373	C2 Additional Services per Diem	101,943
Total Resident Care Component	234.6854	324.1393	Total Resident Care Component	2,839,460

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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) 07/2019 to 7/2019

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,610	8,610
2. Operating Expenses component			
A. Administration			472,566
B. Plant Operation			354,463
C. Laundry			39,920
D. Housekeeping			54,973
E. Operating Expense Component & Per Diem	107.0757	107.0757	921,922
3. Resident Care			
A. Dietary			154,184
B. Other			0
C. Nursing			1,121,402
D. Resident Care & Per Diem	148.1517	148.1517	1,275,586
4. Prop Exp & Per Diem	40.0889	40.0889	345,165
5. ROE/Use Per Diem	3.0192	3.0192	25,995
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,610.00	8,610.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,800,615.00	1,800,615.00
5. Direct Care Expense Per Diem	104.5654	209.1307	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,610	8,610
2. Additional Services	0	113,097	113,097
3. Additional Services Exp & Per Diem	13.1355	13.1355	
D. Medicaid Per Diem Cost			
1.Operating Component	107.0757	107.0757	921,922
2. Resident Care Component	265.8526	370.4179	3,189,298
3. Property Cost Component	40.0889	40.0889	345,165
4. ROE/Use Allow Component	3.0192	3.0192	25,995
5. Total Cost Per Diem	416.0364	520.6017	4,482,380

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	148.1517	148.1517	A3D Allowable Resident Care Exp	1,275,586
B5 Allocation of D/C Expenses	104.5654	209.1307	B4 Allocation of D/C Expenses	1,800,615
C3 Additional Services per Diem	13.1355	13.1355	C2 Additional Services per Diem	113,097
Total Resident Care Component	265.8526	370.4179	Total Resident Care Component	3,189,298

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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) 07/2019 to 7/2019

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,629	8,629
2. Operating Expenses component			
A. Administration			507,636
B. Plant Operation			280,522
C. Laundry			37,474
D. Housekeeping			54,429
E. Operating Expense Component & Per Diem	101.9888	101.9888	880,061
3. Resident Care			
A. Dietary			171,360
B. Other			0
C. Nursing			1,116,755
D. Resident Care & Per Diem	149.2774	149.2774	1,288,115
4. Prop Exp & Per Diem	39.3550	39.3550	339,594
5. ROE/Use Per Diem	3.0292	3.0292	26,139
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,629.00	8,629.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,861,528.00	1,861,528.00
5. Direct Care Expense Per Diem	107.8647	215.7293	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,629	8,629
2. Additional Services	0	113,559	113,559
3. Additional Services Exp & Per Diem	13.1602	13.1602	
D. Medicaid Per Diem Cost			
1.Operating Component	101.9888	101.9888	880,061
2. Resident Care Component	270.3023	378.1669	3,263,202
3. Property Cost Component	39.3550	39.3550	339,594
4. ROE/Use Allow Component	3.0292	3.0292	26,139
5. Total Cost Per Diem	414.6753	522.5399	4,508,996

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101

FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	149.2774	149.2774	A3D Allowable Resident Care Exp	1,288,115
B5 Allocation of D/C Expenses	107.8647	215.7293	B4 Allocation of D/C Expenses	1,861,528
C3 Additional Services per Diem	13.1602	13.1602	C2 Additional Services per Diem	113,559
Total Resident Care Component	270.3023	378.1669	Total Resident Care Component	3,263,202

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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) 07/2019 to 7/2019

Provider Name: MCP Sunset	Cost Report Entered By : Berry, Alycia
Provider Number: 28048801	Rate Semester : July, 2019
Audit Status: Unaudited Costs	Cost Report : 7/1/2017 - 6/30/2018
Date: 7/1/2019	Days In Reporting Period: 365
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,516	8,516
2. Operating Expenses component			
A. Administration			491,336
B. Plant Operation			358,813
C. Laundry			31,242
D. Housekeeping			55,296
E. Operating Expense Component & Per Diem	109.9914	109.9914	936,687
3. Resident Care			
A. Dietary			160,597
B. Other			0
C. Nursing			1,040,734
D. Resident Care & Per Diem	141.0675	141.0675	1,201,331
4. Prop Exp & Per Diem	38.2681	38.2681	325,891
5. ROE/Use Per Diem	3.1132	3.1132	26,512
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,516.00	8,516.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,768,242.00	1,768,242.00
5. Direct Care Expense Per Diem	103.8188	207.6376	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,516	8,516
2. Additional Services	0	143,762	143,762
3. Additional Services Exp & Per Diem	16.8814	16.8814	
D. Medicaid Per Diem Cost			
1. Operating Component	109.9914	109.9914	936,687
2. Resident Care Component	261.7677	365.5865	3,113,335
3. Property Cost Component	38.2681	38.2681	325,891
4. ROE/Use Allow Component	3.1132	3.1132	26,512
5. Total Cost Per Diem	413.1404	516.9592	4,402,425

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801

FYE: 06/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	141.0675	141.0675	A3D Allowable Resident Care Exp	1,201,331
B5 Allocation of D/C Expenses	103.8188	207.6376	B4 Allocation of D/C Expenses	1,768,242
C3 Additional Services per Diem	16.8814	16.8814	C2 Additional Services per Diem	143,762
Total Resident Care Component	261.7677	365.5865	Total Resident Care Component	3,113,335

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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) 07/2019 to 7/2019

Provider Name: **Dorchester Cluster (Sunrise)**
 Provider Number: 28049601
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,880	5,285	8,165
2. Operating Expenses component			
A. Administration			337,966
B. Plant Operation			141,206
C. Laundry			4,394
D. Housekeeping			42,611
E. Operating Expense Component & Per Diem	64.4430	64.4430	526,177
3. Resident Care			
A. Dietary			144,072
B. Other			116,851
C. Nursing			570,333
D. Resident Care & Per Diem	101.8072	101.8072	831,256
4. Prop Exp & Per Diem	13.9165	13.9165	113,628
5. ROE/Use Per Diem	1.8631	1.8631	15,212
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,440.00	5,285.00	6,725.00
3. Staffing Percent	0.2141	0.7859	1.0000
4. Allocation of Direct Care	374,534.25	1,374,592.75	1,749,127.00
5. Direct Care Expense Per Diem	130.0466	260.0932	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,880	5,285	8,165
2. Additional Services	24,165	44,344	68,509
3. Additional Services Exp & Per Diem	8.3906	8.3905	
D. Medicaid Per Diem Cost			
1. Operating Component	64.4430	64.4430	526,177
2. Resident Care Component	240.2444	370.2909	2,648,892
3. Property Cost Component	13.9165	13.9165	113,628
4. ROE/Use Allow Component	1.8631	1.8631	15,212
5. Total Cost Per Diem	320.4670	450.5135	3,303,909

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	101.8072	101.8072	A3D Allowable Resident Care Exp	831,256
B5 Allocation of D/C Expenses	130.0466	260.0932	B4 Allocation of D/C Expenses	1,749,127
C3 Additional Services per Diem	8.3906	8.3905	C2 Additional Services per Diem	68,509
Total Resident Care Component	240.2444	370.2909	Total Resident Care Component	2,648,892

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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) 07/2019 to 7/2019

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28059300	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			56,810
B. Plant Operation			20,641
C. Laundry			251
D. Housekeeping			1,595
E. Operating Expense Component & Per Diem	36.2087		79,297
3. Resident Care			
A. Dietary			13,512
B. Other			34,959
C. Nursing			0
D. Resident Care & Per Diem	22.1329		48,471
4. Prop Exp & Per Diem	12.4484		27,262
5. ROE/Use Per Diem	1.0543		2,309
<u>B. Direct Care Expense</u>			
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	311,269.00	0.00	311,269.00
5. Direct Care Expense Per Diem	142.1320	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	5,836	0	5,836
3. Additional Services Exp & Per Diem	2.6648	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	36.2087	0.0000	79,297
2. Resident Care Component	166.9297	0.0000	365,576
3. Property Cost Component	12.4484	0.0000	27,262
4. ROE/Use Allow Component	1.0543	0.0000	2,309
5. Total Cost Per Diem	216.6411	0.0000	474,444

Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	22.1329	0.0000	A3D Allowable Resident Care Exp	48,471
B5 Allocation of D/C Expenses	142.1320	0.0000	B4 Allocation of D/C Expenses	311,269
C3 Additional Services per Diem	2.6648	0.0000	C2 Additional Services per Diem	5,836
Total Resident Care Component	166.9297	0.0000	Total Resident Care Component	365,576

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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) 07/2019 to 7/2019

Provider Name:	119th Street Grp Home #11 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28062300	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,405	730	2,135
2. Operating Expenses component			
A. Administration			57,543
B. Plant Operation			20,607
C. Laundry			345
D. Housekeeping			2,154
E. Operating Expense Component & Per Diem	37.7747	37.7747	80,649
3. Resident Care			
A. Dietary			15,627
B. Other			55,866
C. Nursing			632
D. Resident Care & Per Diem	33.7822	33.7822	72,125
4. Prop Exp & Per Diem	14.7082	14.7082	31,402
5. ROE/Use Per Diem	0.8164	0.8164	1,743
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,053.75	730.00	1,783.75
3. Staffing Percent	0.5907	0.4093	1.0000
4. Allocation of Direct Care	173,942.15	120,500.85	294,443.00
5. Direct Care Expense Per Diem	123.8022	165.0697	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,405	730	2,135
2. Additional Services	12,589	6,541	19,130
3. Additional Services Exp & Per Diem	8.9601	8.9603	
D. Medicaid Per Diem Cost			
1. Operating Component	37.7747	37.7747	80,649
2. Resident Care Component	166.5445	207.8122	385,698
3. Property Cost Component	14.7082	14.7082	31,402
4. ROE/Use Allow Component	0.8164	0.8164	1,743
5. Total Cost Per Diem	219.8438	261.1115	499,492

Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.7822	33.7822	A3D Allowable Resident Care Exp	72,125
B5 Allocation of D/C Expenses	123.8022	165.0697	B4 Allocation of D/C Expenses	294,443
C3 Additional Services per Diem	8.9601	8.9603	C2 Additional Services per Diem	19,130
Total Resident Care Component	166.5445	207.8122	Total Resident Care Component	385,698

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028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28065800	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,147	0	2,147
2. Operating Expenses component			
A. Administration			52,062
B. Plant Operation			30,873
C. Laundry			181
D. Housekeeping			1,215
E. Operating Expense Component & Per Diem	39.2785		84,331
3. Resident Care			
A. Dietary			15,723
B. Other			62,075
C. Nursing			0
D. Resident Care & Per Diem	36.2357		77,798
4. Prop Exp & Per Diem	13.2566		28,462
5. ROE/Use Per Diem	0.6167		1,324
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,610.25	0.00	1,610.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	265,172.00	0.00	265,172.00
5. Direct Care Expense Per Diem	123.5082	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,147	0	2,147
2. Additional Services	12,860	0	12,860
3. Additional Services Exp & Per Diem	5.9898	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	39.2785	0.0000	84,331
2. Resident Care Component	165.7337	0.0000	355,830
3. Property Cost Component	13.2566	0.0000	28,462
4. ROE/Use Allow Component	0.6167	0.0000	1,324
5. Total Cost Per Diem	218.8855	0.0000	469,947

Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.2357	0.0000	A3D Allowable Resident Care Exp	77,798
B5 Allocation of D/C Expenses	123.5082	0.0000	B4 Allocation of D/C Expenses	265,172
C3 Additional Services per Diem	5.9898	0.0000	C2 Additional Services per Diem	12,860
Total Resident Care Component	165.7337	0.0000	Total Resident Care Component	355,830

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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) 07/2019 to 7/2019

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 3/1/2017 - 2/28/2018
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,015	18,416	22,431
2. Operating Expenses component			
A. Administration			1,047,874
B. Plant Operation			385,710
C. Laundry			46,900
D. Housekeeping			158,631
E. Operating Expense Component & Per Diem	73.0736	73.0736	1,639,115
3. Resident Care			
A. Dietary			415,507
B. Other			0
C. Nursing			1,077,342
D. Resident Care & Per Diem	66.5529	66.5529	1,492,849
4. Prop Exp & Per Diem	25.2335	25.2335	566,012
5. ROE/Use Per Diem	0.2054	0.2054	4,607
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,007.50	18,416.00	20,423.50
3. Staffing Percent	0.0983	0.9017	1.0000
4. Allocation of Direct Care	294,548.76	2,702,072.24	2,996,621.00
5. Direct Care Expense Per Diem	73.3621	146.7242	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,015	18,416	22,431
2. Additional Services	34,848	159,843	194,691
3. Additional Services Exp & Per Diem	8.6795	8.6796	
D. Medicaid Per Diem Cost			
1. Operating Component	73.0736	73.0736	1,639,115
2. Resident Care Component	148.5945	221.9567	4,684,161
3. Property Cost Component	25.2335	25.2335	566,012
4. ROE/Use Allow Component	0.2054	0.2054	4,607
5. Total Cost Per Diem	247.1070	320.4692	6,893,895

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100

FYE: 02/28/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	66.5529	66.5529	A3D Allowable Resident Care Exp	1,492,849
B5 Allocation of D/C Expenses	73.3621	146.7242	B4 Allocation of D/C Expenses	2,996,621
C3 Additional Services per Diem	8.6795	8.6796	C2 Additional Services per Diem	194,691
Total Resident Care Component	148.5945	221.9567	Total Resident Care Component	4,684,161

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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) 07/2019 to 7/2019

Provider Name:	Naranja Group Home (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28500500	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,216	0	4,216
2. Operating Expenses component			
A. Administration			95,258
B. Plant Operation			39,933
C. Laundry			414
D. Housekeeping			3,358
E. Operating Expense Component & Per Diem	32.9609		138,963
3. Resident Care			
A. Dietary			38,043
B. Other			126,765
C. Nursing			42,306
D. Resident Care & Per Diem	49.1257		207,114
4. Prop Exp & Per Diem	9.9144		41,799
5. ROE/Use Per Diem	1.2419		5,236
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,108.00	0.00	2,108.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	491,719.00	0.00	491,719.00
5. Direct Care Expense Per Diem	116.6316	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,216	0	4,216
2. Additional Services	14,064	0	14,064
3. Additional Services Exp & Per Diem	3.3359	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	32.9609	0.0000	138,963
2. Resident Care Component	169.0932	0.0000	712,897
3. Property Cost Component	9.9144	0.0000	41,799
4. ROE/Use Allow Component	1.2419	0.0000	5,236
5. Total Cost Per Diem	213.2104	0.0000	898,895

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	49.1257	0.0000	A3D Allowable Resident Care Exp	207,114
B5 Allocation of D/C Expenses	116.6316	0.0000	B4 Allocation of D/C Expenses	491,719
C3 Additional Services per Diem	3.3359	0.0000	C2 Additional Services per Diem	14,064
Total Resident Care Component	169.0932	0.0000	Total Resident Care Component	712,897

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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 7/2019

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Stepka, Kimber
 Rate Semester : July, 2019
 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
A. Allocation of Expenses (excluding B & C)			
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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	327.8954	509.3901	2,378,628

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
Total Resident Care Component	243.4353	424.9300	Total Resident Care Component	1,885,381

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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 7/2019

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2019
 Cost Report : 10/1/2014 - 9/30/2015
 Days In Reporting Period: 365
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	20,276	0	20,276
2. Operating Expenses component			
A. Administration			759,274
B. Plant Operation			80,395
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	41.4120		839,669
3. Resident Care			
A. Dietary			0
B. Other			0
C. Nursing			0
D. Resident Care & Per Diem	0.0000		0
4. Prop Exp & Per Diem	11.0633		224,319
5. ROE/Use Per Diem	0.5714		11,586
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	10,138.00	0.00	10,138.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,768,504.00	0.00	3,768,504.00
5. Direct Care Expense Per Diem	185.8603	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	20,276	0	20,276
2. Additional Services	111,367	0	111,367
3. Additional Services Exp & Per Diem	5.4926	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	41.4120	0.0000	839,669
2. Resident Care Component	191.3529	0.0000	3,879,871
3. Property Cost Component	11.0633	0.0000	224,319
4. ROE/Use Allow Component	0.5714	0.0000	11,586
5. Total Cost Per Diem	244.3996	0.0000	4,955,445

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900

FYE: 09/30/2015

	No N/M Days			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
Total Resident Care Component	191.3529	0.0000	Total Resident Care Component	3,879,871

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Florida Agency For Health Care Administration

028513700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28513700

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 30

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,163	7,787	10,950
2. Operating Expenses component			
A. Administration			846,666
B. Plant Operation			167,616
C. Laundry			51,921
D. Housekeeping			77,213
E. Operating Expense Component & Per Diem	104.4216	104.4216	1,143,416
3. Resident Care			
A. Dietary			292,353
B. Other			57,410
C. Nursing			599,343
D. Resident Care & Per Diem	86.6763	86.6763	949,106
4. Prop Exp & Per Diem	5.4685	5.4685	59,880
5. ROE/Use Per Diem	1.6402	1.6402	17,960
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,581.50	7,787.00	9,368.50
3. Staffing Percent	0.1688	0.8312	1.0000
4. Allocation of Direct Care	187,406.19	922,751.81	1,110,158.00
5. Direct Care Expense Per Diem	59.2495	118.4990	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,163	7,787	10,950
2. Additional Services	56,971	171,243	228,214
3. Additional Services Exp & Per Diem	18.0117	21.9909	
D. Medicaid Per Diem Cost			
1. Operating Component	104.4216	104.4216	1,143,416
2. Resident Care Component	163.9375	227.1662	2,287,478
3. Property Cost Component	5.4685	5.4685	59,880
4. ROE/Use Allow Component	1.6402	1.6402	17,960
5. Total Cost Per Diem	275.4678	338.6965	3,508,734

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	86.6763	86.6763	A3D Allowable Resident Care Exp	949,106
B5 Allocation of D/C Expenses	59.2495	118.4990	B4 Allocation of D/C Expenses	1,110,158
C3 Additional Services per Diem	18.0117	21.9909	C2 Additional Services per Diem	228,214
Total Resident Care Component	163.9375	227.1662	Total Resident Care Component	2,287,478

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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) 07/2019 to 7/2019

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 36

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	13,016	0	13,016
2. Operating Expenses component			
A. Administration			1,034,534
B. Plant Operation			234,152
C. Laundry			4,736
D. Housekeeping			23,047
E. Operating Expense Component & Per Diem	99.6058		1,296,469
3. Resident Care			
A. Dietary			262,791
B. Other			618,968
C. Nursing			181,607
D. Resident Care & Per Diem	81.6968		1,063,366
4. Prop Exp & Per Diem	15.3854		200,257
5. ROE/Use Per Diem	0.6625		8,623
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,508.00	0.00	6,508.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,609,284.00	0.00	1,609,284.00
5. Direct Care Expense Per Diem	123.6389	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,016	0	13,016
2. Additional Services	195,638	0	195,638
3. Additional Services Exp & Per Diem	15.0306	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	99.6058	0.0000	1,296,469
2. Resident Care Component	220.3663	0.0000	2,868,288
3. Property Cost Component	15.3854	0.0000	200,257
4. ROE/Use Allow Component	0.6625	0.0000	8,623
5. Total Cost Per Diem	336.0200	0.0000	4,373,637

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.6968	0.0000	A3D Allowable Resident Care Exp	1,063,366
B5 Allocation of D/C Expenses	123.6389	0.0000	B4 Allocation of D/C Expenses	1,609,284
C3 Additional Services per Diem	15.0306	0.0000	C2 Additional Services per Diem	195,638
Total Resident Care Component	220.3663	0.0000	Total Resident Care Component	2,868,288

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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) 07/2019 to 7/2019

Provider Name: **Pensacola Care, Inc.**
 Provider Number: 28520000
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,879	12,044	22,923
2. Operating Expenses component			
A. Administration			801,320
B. Plant Operation			392,157
C. Laundry			3,372
D. Housekeeping			214,241
E. Operating Expense Component & Per Diem	61.5578	61.5578	1,411,090
3. Resident Care			
A. Dietary			425,300
B. Other			0
C. Nursing			803,991
D. Resident Care & Per Diem	53.6270	53.6270	1,229,291
4. Prop Exp & Per Diem	14.3143	14.3143	328,126
5. ROE/Use Per Diem	0.0020	0.0020	45
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,439.50	12,044.00	17,483.50
3. Staffing Percent	0.3111	0.6889	1.0000
4. Allocation of Direct Care	982,763.80	2,176,010.20	3,158,774.00
5. Direct Care Expense Per Diem	90.3359	180.6717	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,879	12,044	22,923
2. Additional Services	104,365	115,542	219,907
3. Additional Services Exp & Per Diem	9.5933	9.5933	
D. Medicaid Per Diem Cost			
1. Operating Component	61.5578	61.5578	1,411,090
2. Resident Care Component	153.5562	243.8920	4,607,972
3. Property Cost Component	14.3143	14.3143	328,126
4. ROE/Use Allow Component	0.0020	0.0020	45
5. Total Cost Per Diem	229.4303	319.7661	6,347,233

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Care, Inc.

Provider Number: 28520000
FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	53.6270	53.6270	A3D Allowable Resident Care Exp	1,229,291
B5 Allocation of D/C Expenses	90.3359	180.6717	B4 Allocation of D/C Expenses	3,158,774
C3 Additional Services per Diem	9.5933	9.5933	C2 Additional Services per Diem	219,907
Total Resident Care Component	153.5562	243.8920	Total Resident Care Component	4,607,972

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028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28521800

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 10/1/2017 - 9/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	821	15,491	16,312
2. Operating Expenses component			
A. Administration			370,811
B. Plant Operation			594,031
C. Laundry			32,752
D. Housekeeping			62,757
E. Operating Expense Component & Per Diem	65.0044	65.0044	1,060,351
3. Resident Care			
A. Dietary			222,003
B. Other			0
C. Nursing			1,010,977
D. Resident Care & Per Diem	75.5873	75.5873	1,232,980
4. Prop Exp & Per Diem	12.6639	12.6639	206,573
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	410.50	15,491.00	15,901.50
3. Staffing Percent	0.0258	0.9742	1.0000
4. Allocation of Direct Care	71,813.85	2,710,033.15	2,781,847.00
5. Direct Care Expense Per Diem	87.4712	174.9424	
C. Additional Services Expense			
1. Medicaid Inpatient Days	821	15,491	16,312
2. Additional Services	25,070	473,039	498,109
3. Additional Services Exp & Per Diem	30.5359	30.5364	
D. Medicaid Per Diem Cost			
1.Operating Component	65.0044	65.0044	1,060,351
2. Resident Care Component	193.5944	281.0661	4,512,936
3. Property Cost Component	12.6639	12.6639	206,573
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	271.2627	358.7344	5,779,860

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	75.5873	75.5873	A3D Allowable Resident Care Exp	1,232,980
B5 Allocation of D/C Expenses	87.4712	174.9424	B4 Allocation of D/C Expenses	2,781,847
C3 Additional Services per Diem	30.5359	30.5364	C2 Additional Services per Diem	498,109
Total Resident Care Component	193.5944	281.0661	Total Resident Care Component	4,512,936

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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) 07/2019 to 7/2019

Provider Name: **Tallahassee Developmental Center**
 Provider Number: 28522600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	7,940	14,027	21,967
2. Operating Expenses component			
A. Administration			806,433
B. Plant Operation			461,534
C. Laundry			123,107
D. Housekeeping			31,315
E. Operating Expense Component & Per Diem	64.7512	64.7512	1,422,389
3. Resident Care			
A. Dietary			409,360
B. Other			0
C. Nursing			840,648
D. Resident Care & Per Diem	56.9039	56.9039	1,250,008
4. Prop Exp & Per Diem	20.4867	20.4867	450,031
5. ROE/Use Per Diem	2.1988	2.1988	48,300
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,970.00	14,027.00	17,997.00
3. Staffing Percent	0.2206	0.7794	1.0000
4. Allocation of Direct Care	755,791.42	2,670,399.58	3,426,191.00
5. Direct Care Expense Per Diem	95.1878	190.3757	
C. Additional Services Expense			
1. Medicaid Inpatient Days	7,940	14,027	21,967
2. Additional Services	81,684	144,304	225,988
3. Additional Services Exp & Per Diem	10.2877	10.2876	
D. Medicaid Per Diem Cost			
1. Operating Component	64.7512	64.7512	1,422,389
2. Resident Care Component	162.3794	257.5672	4,902,187
3. Property Cost Component	20.4867	20.4867	450,031
4. ROE/Use Allow Component	2.1988	2.1988	48,300
5. Total Cost Per Diem	249.8161	345.0039	6,822,907

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 28522600

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	56.9039	56.9039	A3D Allowable Resident Care Exp	1,250,008
B5 Allocation of D/C Expenses	95.1878	190.3757	B4 Allocation of D/C Expenses	3,426,191
C3 Additional Services per Diem	10.2877	10.2876	C2 Additional Services per Diem	225,988
Total Resident Care Component	162.3794	257.5672	Total Resident Care Component	4,902,187

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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 7/2019

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Stepka, Kimber
Provider Number:	28524200	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	10/1/2016 - 9/30/2017
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	63

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	222.1412	317.9480	5,773,538

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 28524200

FYE: 09/30/2017

	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
Total Resident Care Component	150.0480	245.8548	Total Resident Care Component	4,198,735

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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) 07/2019 to 7/2019

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Berry, Alycia
Provider Number:	28526900	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,417	15,802	21,219
2. Operating Expenses component			
A. Administration			823,649
B. Plant Operation			459,215
C. Laundry			3,728
D. Housekeeping			180,928
E. Operating Expense Component & Per Diem	69.1607	69.1607	1,467,520
3. Resident Care			
A. Dietary			423,451
B. Other			0
C. Nursing			880,848
D. Resident Care & Per Diem	61.4684	61.4684	1,304,299
4. Prop Exp & Per Diem	14.8677	14.8677	315,478
5. ROE/Use Per Diem	1.1466	1.1466	24,330
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,708.50	15,802.00	18,510.50
3. Staffing Percent	0.1463	0.8537	1.0000
4. Allocation of Direct Care	467,780.73	2,729,138.27	3,196,919.00
5. Direct Care Expense Per Diem	86.3542	172.7084	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,417	15,802	21,219
2. Additional Services	48,784	142,308	191,092
3. Additional Services Exp & Per Diem	9.0057	9.0057	
D. Medicaid Per Diem Cost			
1. Operating Component	69.1607	69.1607	1,467,520
2. Resident Care Component	156.8283	243.1825	4,692,310
3. Property Cost Component	14.8677	14.8677	315,478
4. ROE/Use Allow Component	1.1466	1.1466	24,330
5. Total Cost Per Diem	242.0033	328.3575	6,499,638

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 28526900

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	61.4684	61.4684	A3D Allowable Resident Care Exp	1,304,299
B5 Allocation of D/C Expenses	86.3542	172.7084	B4 Allocation of D/C Expenses	3,196,919
C3 Additional Services per Diem	9.0057	9.0057	C2 Additional Services per Diem	191,092
Total Resident Care Component	156.8283	243.1825	Total Resident Care Component	4,692,310

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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) 07/2019 to 7/2019

Provider Name:	Hillsborough County Developmental Ctr	Cost Report Entered By :	Berry, Alycia
Provider Number:	28530700	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	5,417	16,091	21,508
2. Operating Expenses component			
A. Administration			825,616
B. Plant Operation			552,593
C. Laundry			3,796
D. Housekeeping			150,627
E. Operating Expense Component & Per Diem	71.2587	71.2587	1,532,632
3. Resident Care			
A. Dietary			392,170
B. Other			0
C. Nursing			809,405
D. Resident Care & Per Diem	55.8664	55.8664	1,201,575
4. Prop Exp & Per Diem	6.1516	6.1516	132,308
5. ROE/Use Per Diem	1.1502	1.1502	24,739
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,708.50	16,091.00	18,799.50
3. Staffing Percent	0.1441	0.8559	1.0000
4. Allocation of Direct Care	441,929.75	2,625,472.25	3,067,402.00
5. Direct Care Expense Per Diem	81.5820	163.1640	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	5,417	16,091	21,508
2. Additional Services	53,681	159,458	213,139
3. Additional Services Exp & Per Diem	9.9097	9.9098	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	71.2587	71.2587	1,532,632
2. Resident Care Component	147.3581	228.9402	4,482,116
3. Property Cost Component	6.1516	6.1516	132,308
4. ROE/Use Allow Component	1.1502	1.1502	24,739
5. Total Cost Per Diem	225.9186	307.5007	6,171,795

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 28530700

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.8664	55.8664	A3D Allowable Resident Care Exp	1,201,575
B5 Allocation of D/C Expenses	81.5820	163.1640	B4 Allocation of D/C Expenses	3,067,402
C3 Additional Services per Diem	9.9097	9.9098	C2 Additional Services per Diem	213,139
Total Resident Care Component	147.3581	228.9402	Total Resident Care Component	4,482,116

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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) 07/2019 to 7/2019

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,397	4,298	7,695
2. Operating Expenses component			
A. Administration			573,337
B. Plant Operation			358,242
C. Laundry			21
D. Housekeeping			115,892
E. Operating Expense Component & Per Diem	136.1263	136.1263	1,047,492
3. Resident Care			
A. Dietary			219,318
B. Other			0
C. Nursing			542,349
D. Resident Care & Per Diem	98.9821	98.9821	761,667
4. Prop Exp & Per Diem	17.2446	17.2446	132,697
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,698.50	4,298.00	5,996.50
3. Staffing Percent	0.2832	0.7168	1.0000
4. Allocation of Direct Care	386,636.27	978,370.73	1,365,007.00
5. Direct Care Expense Per Diem	113.8170	227.6340	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,397	4,298	7,695
2. Additional Services	68,481	86,644	155,125
3. Additional Services Exp & Per Diem	20.1593	20.1591	
D. Medicaid Per Diem Cost			
1.Operating Component	136.1263	136.1263	1,047,492
2. Resident Care Component	232.9584	346.7752	2,281,799
3. Property Cost Component	17.2446	17.2446	132,697
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	386.3293	500.1461	3,461,988

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	98.9821	98.9821	A3D Allowable Resident Care Exp	761,667
B5 Allocation of D/C Expenses	113.8170	227.6340	B4 Allocation of D/C Expenses	1,365,007
C3 Additional Services per Diem	20.1593	20.1591	C2 Additional Services per Diem	155,125
Total Resident Care Component	232.9584	346.7752	Total Resident Care Component	2,281,799

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028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	Cape Coral Cluster (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28533100	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,289	5,882	8,171
2. Operating Expenses component			
A. Administration			397,732
B. Plant Operation			237,980
C. Laundry			1,389
D. Housekeeping			71,674
E. Operating Expense Component & Per Diem	86.7427	86.7427	708,775
3. Resident Care			
A. Dietary			144,613
B. Other			104,556
C. Nursing			496,536
D. Resident Care & Per Diem	91.2624	91.2624	745,705
4. Prop Exp & Per Diem	29.7485	29.7485	243,075
5. ROE/Use Per Diem	2.4512	2.4512	20,029
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,144.50	5,882.00	7,026.50
3. Staffing Percent	0.1629	0.8371	1.0000
4. Allocation of Direct Care	196,607.88	1,010,439.12	1,207,047.00
5. Direct Care Expense Per Diem	85.8925	171.7850	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,289	5,882	8,171
2. Additional Services	27,904	71,703	99,607
3. Additional Services Exp & Per Diem	12.1905	12.1902	
D. Medicaid Per Diem Cost			
1. Operating Component	86.7427	86.7427	708,775
2. Resident Care Component	189.3454	275.2376	2,052,359
3. Property Cost Component	29.7485	29.7485	243,075
4. ROE/Use Allow Component	2.4512	2.4512	20,029
5. Total Cost Per Diem	308.2878	394.1800	3,024,238

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	91.2624	91.2624	A3D Allowable Resident Care Exp	745,705
B5 Allocation of D/C Expenses	85.8925	171.7850	B4 Allocation of D/C Expenses	1,207,047
C3 Additional Services per Diem	12.1905	12.1902	C2 Additional Services per Diem	99,607
Total Resident Care Component	189.3454	275.2376	Total Resident Care Component	2,052,359

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028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,598	1,963
2. Operating Expenses component			
A. Administration			55,458
B. Plant Operation			21,969
C. Laundry			580
D. Housekeeping			2,929
E. Operating Expense Component & Per Diem	41.2308	41.2308	80,936
3. Resident Care			
A. Dietary			19,027
B. Other			0
C. Nursing			4,547
D. Resident Care & Per Diem	12.0092	12.0092	23,574
4. Prop Exp & Per Diem	8.7463	8.7463	17,169
5. ROE/Use Per Diem	0.5976	0.5976	1,173
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,598.00	1,871.75
3. Staffing Percent	0.1463	0.8537	1.0000
4. Allocation of Direct Care	33,445.40	195,235.60	228,681.00
5. Direct Care Expense Per Diem	91.6312	122.1750	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,598	1,963
2. Additional Services	21,597	94,576	116,173
3. Additional Services Exp & Per Diem	59.1699	59.1840	
D. Medicaid Per Diem Cost			
1. Operating Component	41.2308	41.2308	80,936
2. Resident Care Component	162.8103	193.3682	368,428
3. Property Cost Component	8.7463	8.7463	17,169
4. ROE/Use Allow Component	0.5976	0.5976	1,173
5. Total Cost Per Diem	213.3850	243.9429	467,706

Resident Care Component Per-Diem Calculation

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

Provider Number: 28536600

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	12.0092	12.0092	A3D Allowable Resident Care Exp	23,574
B5 Allocation of D/C Expenses	91.6312	122.1750	B4 Allocation of D/C Expenses	228,681
C3 Additional Services per Diem	59.1699	59.1840	C2 Additional Services per Diem	116,173
Total Resident Care Component	162.8103	193.3682	Total Resident Care Component	368,428

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28537400	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	0	1,825
2. Operating Expenses component			
A. Administration			54,159
B. Plant Operation			20,895
C. Laundry			96
D. Housekeeping			3,765
E. Operating Expense Component & Per Diem	43.2411		78,915
3. Resident Care			
A. Dietary			19,890
B. Other			0
C. Nursing			3,813
D. Resident Care & Per Diem	12.9879		23,703
4. Prop Exp & Per Diem	9.9134		18,092
5. ROE/Use Per Diem	0.9485		1,731
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,368.75	0.00	1,368.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	206,473.00	0.00	206,473.00
5. Direct Care Expense Per Diem	113.1359	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	0	1,825
2. Additional Services	106,608	0	106,608
3. Additional Services Exp & Per Diem	58.4153	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	43.2411	0.0000	78,915
2. Resident Care Component	184.5391	0.0000	336,784
3. Property Cost Component	9.9134	0.0000	18,092
4. ROE/Use Allow Component	0.9485	0.0000	1,731
5. Total Cost Per Diem	238.6421	0.0000	435,522

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	12.9879	0.0000	A3D Allowable Resident Care Exp	23,703
B5 Allocation of D/C Expenses	113.1359	0.0000	B4 Allocation of D/C Expenses	206,473
C3 Additional Services per Diem	58.4153	0.0000	C2 Additional Services per Diem	106,608
Total Resident Care Component	184.5391	0.0000	Total Resident Care Component	336,784

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Hendricks**

Cost Report Entered By : Berry, Alycia

Provider Number: 28539100

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 6/1/2017 - 5/31/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,825	6,870	8,695
2. Operating Expenses component			
A. Administration			663,544
B. Plant Operation			291,065
C. Laundry			8,803
D. Housekeeping			53,680
E. Operating Expense Component & Per Diem	116.9744	116.9744	1,017,092
3. Resident Care			
A. Dietary			372,257
B. Other			0
C. Nursing			335,294
D. Resident Care & Per Diem	81.3745	81.3745	707,551
4. Prop Exp & Per Diem	62.1431	62.1431	540,334
5. ROE/Use Per Diem	3.1040	3.1040	26,989
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	912.50	6,870.00	7,782.50
3. Staffing Percent	0.1173	0.8827	1.0000
4. Allocation of Direct Care	184,140.68	1,386,352.32	1,570,493.00
5. Direct Care Expense Per Diem	100.8990	201.7980	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,825	6,870	8,695
2. Additional Services	43,991	165,599	209,590
3. Additional Services Exp & Per Diem	24.1047	24.1047	
D. Medicaid Per Diem Cost			
1. Operating Component	116.9744	116.9744	1,017,092
2. Resident Care Component	206.3782	307.2772	2,487,634
3. Property Cost Component	62.1431	62.1431	540,334
4. ROE/Use Allow Component	3.1040	3.1040	26,989
5. Total Cost Per Diem	388.5997	489.4987	4,072,049

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100
FYE: 05/31/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.3745	81.3745	A3D Allowable Resident Care Exp	707,551
B5 Allocation of D/C Expenses	100.8990	201.7980	B4 Allocation of D/C Expenses	1,570,493
C3 Additional Services per Diem	24.1047	24.1047	C2 Additional Services per Diem	209,590
Total Resident Care Component	206.3782	307.2772	Total Resident Care Component	2,487,634

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Berry, Alycia
 Provider Number: 28541200 Rate Semester : July, 2019
 Audit Status: Unaudited Costs Cost Report : 7/1/2017 - 6/30/2018
 Date: 7/1/2019 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,095	1,095	2,190
2. Operating Expenses component			
A. Administration			62,122
B. Plant Operation			15,897
C. Laundry			657
D. Housekeeping			2,563
E. Operating Expense Component & Per Diem	37.0954	37.0954	81,239
3. Resident Care			
A. Dietary			20,750
B. Other			0
C. Nursing			3,600
D. Resident Care & Per Diem	11.1187	11.1187	24,350
4. Prop Exp & Per Diem	14.6064	14.6064	31,988
5. ROE/Use Per Diem	0.7393	0.7393	1,619
B. Direct Care Expense			
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	101,753.57	135,671.43	237,425.00
5. Direct Care Expense Per Diem	92.9256	123.9008	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	63,360	63,360	126,720
3. Additional Services Exp & Per Diem	57.8630	57.8630	
D. Medicaid Per Diem Cost			
1. Operating Component	37.0954	37.0954	81,239
2. Resident Care Component	161.9073	192.8825	388,495
3. Property Cost Component	14.6064	14.6064	31,988
4. ROE/Use Allow Component	0.7393	0.7393	1,619
5. Total Cost Per Diem	214.3484	245.3236	503,341

Resident Care Component Per-Diem Calculation

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

Provider Number: 28541200

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	11.1187	11.1187	A3D Allowable Resident Care Exp	24,350
B5 Allocation of D/C Expenses	92.9256	123.9008	B4 Allocation of D/C Expenses	237,425
C3 Additional Services per Diem	57.8630	57.8630	C2 Additional Services per Diem	126,720
Total Resident Care Component	161.9073	192.8825	Total Resident Care Component	388,495

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028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28547100	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			67,068
B. Plant Operation			27,897
C. Laundry			790
D. Housekeeping			3,276
E. Operating Expense Component & Per Diem	45.2196		99,031
3. Resident Care			
A. Dietary			22,538
B. Other			46,503
C. Nursing			29,608
D. Resident Care & Per Diem	45.0452		98,649
4. Prop Exp & Per Diem	11.0543		24,209
5. ROE/Use Per Diem	0.8726		1,911
B. Direct Care Expense			
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	352,312.00	0.00	352,312.00
5. Direct Care Expense Per Diem	160.8731	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	514	0	514
3. Additional Services Exp & Per Diem	0.2347	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	45.2196	0.0000	99,031
2. Resident Care Component	206.1530	0.0000	451,475
3. Property Cost Component	11.0543	0.0000	24,209
4. ROE/Use Allow Component	0.8726	0.0000	1,911
5. Total Cost Per Diem	263.2995	0.0000	576,626

Resident Care Component Per-Diem Calculation

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

Provider Number: 28547100

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	45.0452	0.0000	A3D Allowable Resident Care Exp	98,649
B5 Allocation of D/C Expenses	160.8731	0.0000	B4 Allocation of D/C Expenses	352,312
C3 Additional Services per Diem	0.2347	0.0000	C2 Additional Services per Diem	514
Total Resident Care Component	206.1530	0.0000	Total Resident Care Component	451,475

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **138th Court Grp Home #16 (Sunrise)** Cost Report Entered By : Berry, Alycia
 Provider Number: 28548000 Rate Semester : July, 2019
 Audit Status: Unaudited Costs Cost Report : 7/1/2017 - 6/30/2018
 Date: 7/1/2019 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,027	1,095	2,122
2. Operating Expenses component			
A. Administration			54,998
B. Plant Operation			24,027
C. Laundry			29
D. Housekeeping			1,543
E. Operating Expense Component & Per Diem	37.9816	37.9816	80,597
3. Resident Care			
A. Dietary			14,894
B. Other			46,469
C. Nursing			0
D. Resident Care & Per Diem	28.9175	28.9175	61,363
4. Prop Exp & Per Diem	17.8582	17.8582	37,895
5. ROE/Use Per Diem	0.9463	0.9463	2,008
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	770.25	1,095.00	1,865.25
3. Staffing Percent	0.4129	0.5871	1.0000
4. Allocation of Direct Care	114,489.65	162,760.35	277,250.00
5. Direct Care Expense Per Diem	111.4797	148.6396	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,027	1,095	2,122
2. Additional Services	4,402	4,693	9,095
3. Additional Services Exp & Per Diem	4.2863	4.2858	
D. Medicaid Per Diem Cost			
1. Operating Component	37.9816	37.9816	80,597
2. Resident Care Component	144.6835	181.8429	347,708
3. Property Cost Component	17.8582	17.8582	37,895
4. ROE/Use Allow Component	0.9463	0.9463	2,008
5. Total Cost Per Diem	201.4696	238.6290	468,208

Resident Care Component Per-Diem Calculation

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

Provider Number: 28548000

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.9175	28.9175	A3D Allowable Resident Care Exp	61,363
B5 Allocation of D/C Expenses	111.4797	148.6396	B4 Allocation of D/C Expenses	277,250
C3 Additional Services per Diem	4.2863	4.2858	C2 Additional Services per Diem	9,095
Total Resident Care Component	144.6835	181.8429	Total Resident Care Component	347,708

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Resident Care Component Per-Diem Calculation

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

Provider Number: 28552800
FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	22.2131	22.2131	A3D Allowable Resident Care Exp	45,759
B5 Allocation of D/C Expenses	134.5568	179.4090	B4 Allocation of D/C Expenses	293,558
C3 Additional Services per Diem	5.6779	5.6767	C2 Additional Services per Diem	11,696
Total Resident Care Component	162.4478	207.2988	Total Resident Care Component	351,013

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028553600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**
 Provider Number: 28553600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,157	0	2,157
2. Operating Expenses component			
A. Administration			66,818
B. Plant Operation			23,853
C. Laundry			218
D. Housekeeping			1,450
E. Operating Expense Component & Per Diem	42.8090		92,339
3. Resident Care			
A. Dietary			17,311
B. Other			44,299
C. Nursing			0
D. Resident Care & Per Diem	28.5628		61,610
4. Prop Exp & Per Diem	11.7320		25,306
5. ROE/Use Per Diem	0.7770		1,676
B. Direct Care Expense			
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	315,076.00	0.00	315,076.00
5. Direct Care Expense Per Diem	146.0714	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,157	0	2,157
2. Additional Services	8,008	0	8,008
3. Additional Services Exp & Per Diem	3.7126	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	42.8090	0.0000	92,339
2. Resident Care Component	178.3468	0.0000	384,694
3. Property Cost Component	11.7320	0.0000	25,306
4. ROE/Use Allow Component	0.7770	0.0000	1,676
5. Total Cost Per Diem	233.6648	0.0000	504,015

Resident Care Component Per-Diem Calculation

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

Provider Number: 28553600

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.5628	0.0000	A3D Allowable Resident Care Exp	61,610
B5 Allocation of D/C Expenses	146.0714	0.0000	B4 Allocation of D/C Expenses	315,076
C3 Additional Services per Diem	3.7126	0.0000	C2 Additional Services per Diem	8,008
Total Resident Care Component	178.3468	0.0000	Total Resident Care Component	384,694

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028557900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28557900	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			56,721
B. Plant Operation			21,056
C. Laundry			473
D. Housekeeping			979
E. Operating Expense Component & Per Diem	36.1776		79,229
3. Resident Care			
A. Dietary			15,288
B. Other			33,141
C. Nursing			0
D. Resident Care & Per Diem	22.1137		48,429
4. Prop Exp & Per Diem	8.3384		18,261
5. ROE/Use Per Diem	0.6037		1,322
B. Direct Care Expense			
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	290,004.00	0.00	290,004.00
5. Direct Care Expense Per Diem	132.4219	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	9,450	0	9,450
3. Additional Services Exp & Per Diem	4.3151	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	36.1776	0.0000	79,229
2. Resident Care Component	158.8507	0.0000	347,883
3. Property Cost Component	8.3384	0.0000	18,261
4. ROE/Use Allow Component	0.6037	0.0000	1,322
5. Total Cost Per Diem	203.9704	0.0000	446,695

Resident Care Component Per-Diem Calculation

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

Provider Number: 28557900

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	22.1137	0.0000	A3D Allowable Resident Care Exp	48,429
B5 Allocation of D/C Expenses	132.4219	0.0000	B4 Allocation of D/C Expenses	290,004
C3 Additional Services per Diem	4.3151	0.0000	C2 Additional Services per Diem	9,450
Total Resident Care Component	158.8507	0.0000	Total Resident Care Component	347,883

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028558700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 7/1/2017 - 6/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,166	0	2,166
2. Operating Expenses component			
A. Administration			56,674
B. Plant Operation			26,545
C. Laundry			803
D. Housekeeping			3,039
E. Operating Expense Component & Per Diem	40.1944		87,061
3. Resident Care			
A. Dietary			20,924
B. Other			51,429
C. Nursing			4,394
D. Resident Care & Per Diem	35.4326		76,747
4. Prop Exp & Per Diem	14.8633		32,194
5. ROE/Use Per Diem	0.8560		1,854
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,624.50	0.00	1,624.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	286,886.00	0.00	286,886.00
5. Direct Care Expense Per Diem	132.4497	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,166	0	2,166
2. Additional Services	0	0	0
3. Additional Services Exp & Per Diem	0.0000	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	40.1944	0.0000	87,061
2. Resident Care Component	167.8823	0.0000	363,633
3. Property Cost Component	14.8633	0.0000	32,194
4. ROE/Use Allow Component	0.8560	0.0000	1,854
5. Total Cost Per Diem	223.7960	0.0000	484,742

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.4326	0.0000	A3D Allowable Resident Care Exp	76,747
B5 Allocation of D/C Expenses	132.4497	0.0000	B4 Allocation of D/C Expenses	286,886
C3 Additional Services per Diem	0.0000	0.0000	C2 Additional Services per Diem	0
Total Resident Care Component	167.8823	0.0000	Total Resident Care Component	363,633

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28559500

Rate Semester : July, 2019

Audit Status: Unaudited Costs

Cost Report : 7/1/2017 - 6/30/2018

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,168	0	2,168
2. Operating Expenses component			
A. Administration			63,502
B. Plant Operation			24,650
C. Laundry			547
D. Housekeeping			2,834
E. Operating Expense Component & Per Diem	42.2200		91,533
3. Resident Care			
A. Dietary			20,054
B. Other			50,820
C. Nursing			10,188
D. Resident Care & Per Diem	37.3902		81,062
4. Prop Exp & Per Diem	8.8676		19,225
5. ROE/Use Per Diem	1.0563		2,290
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,626.00	0.00	1,626.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	342,679.00	0.00	342,679.00
5. Direct Care Expense Per Diem	158.0623	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,168	0	2,168
2. Additional Services	580	0	580
3. Additional Services Exp & Per Diem	0.2675	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	42.2200	0.0000	91,533
2. Resident Care Component	195.7200	0.0000	424,321
3. Property Cost Component	8.8676	0.0000	19,225
4. ROE/Use Allow Component	1.0563	0.0000	2,290
5. Total Cost Per Diem	247.8639	0.0000	537,369

Resident Care Component Per-Diem Calculation

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

Provider Number: 28559500

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.3902	0.0000	A3D Allowable Resident Care Exp	81,062
B5 Allocation of D/C Expenses	158.0623	0.0000	B4 Allocation of D/C Expenses	342,679
C3 Additional Services per Diem	0.2675	0.0000	C2 Additional Services per Diem	580
Total Resident Care Component	195.7200	0.0000	Total Resident Care Component	424,321

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028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	55th Court Grp Home #15 (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28560900	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			62,728
B. Plant Operation			22,358
C. Laundry			202
D. Housekeeping			2,473
E. Operating Expense Component & Per Diem	40.0735		87,761
3. Resident Care			
A. Dietary			15,948
B. Other			52,703
C. Nursing			27,836
D. Resident Care & Per Diem	44.0580		96,487
4. Prop Exp & Per Diem	9.0151		19,743
5. ROE/Use Per Diem	0.5169		1,132
B. Direct Care Expense			
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	328,322.00	0.00	328,322.00
5. Direct Care Expense Per Diem	149.9187	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	307	0	307
3. Additional Services Exp & Per Diem	0.1402	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	40.0735	0.0000	87,761
2. Resident Care Component	194.1169	0.0000	425,116
3. Property Cost Component	9.0151	0.0000	19,743
4. ROE/Use Allow Component	0.5169	0.0000	1,132
5. Total Cost Per Diem	243.7224	0.0000	533,752

Resident Care Component Per-Diem Calculation

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

Provider Number: 28560900

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	44.0580	0.0000	A3D Allowable Resident Care Exp	96,487
B5 Allocation of D/C Expenses	149.9187	0.0000	B4 Allocation of D/C Expenses	328,322
C3 Additional Services per Diem	0.1402	0.0000	C2 Additional Services per Diem	307
Total Resident Care Component	194.1169	0.0000	Total Resident Care Component	425,116

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028561700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 1/7/2017 - 6/30/2018
 Days In Reporting Period: 540
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			60,487
B. Plant Operation			28,006
C. Laundry			547
D. Housekeeping			2,370
E. Operating Expense Component & Per Diem	41.7397		91,410
3. Resident Care			
A. Dietary			18,337
B. Other			53,899
C. Nursing			994
D. Resident Care & Per Diem	33.4384		73,230
4. Prop Exp & Per Diem	9.7466		21,345
5. ROE/Use Per Diem	0.7511		1,645
B. Direct Care Expense			
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	328,285.00	0.00	328,285.00
5. Direct Care Expense Per Diem	149.9018	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	8,464	0	8,464
3. Additional Services Exp & Per Diem	3.8648	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	41.7397	0.0000	91,410
2. Resident Care Component	187.2050	0.0000	409,979
3. Property Cost Component	9.7466	0.0000	21,345
4. ROE/Use Allow Component	0.7511	0.0000	1,645
5. Total Cost Per Diem	239.4424	0.0000	524,379

Resident Care Component Per-Diem Calculation

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

Provider Number: 28561700

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.4384	0.0000	A3D Allowable Resident Care Exp	73,230
B5 Allocation of D/C Expenses	149.9018	0.0000	B4 Allocation of D/C Expenses	328,285
C3 Additional Services per Diem	3.8648	0.0000	C2 Additional Services per Diem	8,464
Total Resident Care Component	187.2050	0.0000	Total Resident Care Component	409,979

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028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 12/1/2016 - 11/30/2017
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	12,396	10,303	22,699
2. Operating Expenses component			
A. Administration			1,362,770
B. Plant Operation			348,215
C. Laundry			56,569
D. Housekeeping			23,233
E. Operating Expense Component & Per Diem	78.8928	78.8928	1,790,787
3. Resident Care			
A. Dietary			569,291
B. Other			62,498
C. Nursing			964,477
D. Resident Care & Per Diem	70.3232	70.3232	1,596,266
4. Prop Exp & Per Diem	16.9879	16.9879	385,608
5. ROE/Use Per Diem	0.0620	0.0620	1,408
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,198.00	10,303.00	16,501.00
3. Staffing Percent	0.3756	0.6244	1.0000
4. Allocation of Direct Care	908,411.35	1,510,061.65	2,418,473.00
5. Direct Care Expense Per Diem	73.2826	146.5652	
C. Additional Services Expense			
1. Medicaid Inpatient Days	12,396	10,303	22,699
2. Additional Services	723,195	601,088	1,324,283
3. Additional Services Exp & Per Diem	58.3410	58.3411	
D. Medicaid Per Diem Cost			
1. Operating Component	78.8928	78.8928	1,790,787
2. Resident Care Component	201.9468	275.2295	5,339,022
3. Property Cost Component	16.9879	16.9879	385,608
4. ROE/Use Allow Component	0.0620	0.0620	1,408
5. Total Cost Per Diem	297.8895	371.1722	7,516,825

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	70.3232	70.3232	A3D Allowable Resident Care Exp	1,596,266
B5 Allocation of D/C Expenses	73.2826	146.5652	B4 Allocation of D/C Expenses	2,418,473
C3 Additional Services per Diem	58.3410	58.3411	C2 Additional Services per Diem	1,324,283
Total Resident Care Component	201.9468	275.2295	Total Resident Care Component	5,339,022

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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) 07/2019 to 7/2019

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 12/1/2016 - 11/30/2017
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,940	19,715	22,655
2. Operating Expenses component			
A. Administration			1,400,046
B. Plant Operation			396,343
C. Laundry			56,928
D. Housekeeping			29,756
E. Operating Expense Component & Per Diem	83.1195	83.1195	1,883,073
3. Resident Care			
A. Dietary			567,145
B. Other			62,801
C. Nursing			1,032,882
D. Resident Care & Per Diem	73.3978	73.3978	1,662,828
4. Prop Exp & Per Diem	16.5633	16.5633	375,242
5. ROE/Use Per Diem	0.1758	0.1758	3,982
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,470.00	19,715.00	21,185.00
3. Staffing Percent	0.0694	0.9306	1.0000
4. Allocation of Direct Care	176,870.88	2,372,115.12	2,548,986.00
5. Direct Care Expense Per Diem	60.1602	120.3203	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,940	19,715	22,655
2. Additional Services	177,464	1,190,035	1,367,499
3. Additional Services Exp & Per Diem	60.3619	60.3619	
D. Medicaid Per Diem Cost			
1. Operating Component	83.1195	83.1195	1,883,073
2. Resident Care Component	193.9199	254.0800	5,579,313
3. Property Cost Component	16.5633	16.5633	375,242
4. ROE/Use Allow Component	0.1758	0.1758	3,982
5. Total Cost Per Diem	293.7785	353.9386	7,841,610

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800

FYE: 11/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	73.3978	73.3978	A3D Allowable Resident Care Exp	1,662,828
B5 Allocation of D/C Expenses	60.1602	120.3203	B4 Allocation of D/C Expenses	2,548,986
C3 Additional Services per Diem	60.3619	60.3619	C2 Additional Services per Diem	1,367,499
Total Resident Care Component	193.9199	254.0800	Total Resident Care Component	5,579,313

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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) 07/2019 to 7/2019

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 12/1/2016 - 11/30/2017
 Days In Reporting Period: 365
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,011	17,603	22,614
2. Operating Expenses component			
A. Administration			1,374,941
B. Plant Operation			303,990
C. Laundry			66,945
D. Housekeeping			24,117
E. Operating Expense Component & Per Diem	78.2698	78.2698	1,769,993
3. Resident Care			
A. Dietary			540,562
B. Other			69,722
C. Nursing			975,519
D. Resident Care & Per Diem	70.1248	70.1248	1,585,803
4. Prop Exp & Per Diem	16.9990	16.9990	384,415
5. ROE/Use Per Diem	0.1228	0.1228	2,776
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,505.50	17,603.00	20,108.50
3. Staffing Percent	0.1246	0.8754	1.0000
4. Allocation of Direct Care	319,258.15	2,243,025.85	2,562,284.00
5. Direct Care Expense Per Diem	63.7115	127.4229	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,011	17,603	22,614
2. Additional Services	299,204	1,051,066	1,350,270
3. Additional Services Exp & Per Diem	59.7094	59.7095	
D. Medicaid Per Diem Cost			
1. Operating Component	78.2698	78.2698	1,769,993
2. Resident Care Component	193.5457	257.2572	5,498,357
3. Property Cost Component	16.9990	16.9990	384,415
4. ROE/Use Allow Component	0.1228	0.1228	2,776
5. Total Cost Per Diem	288.9373	352.6488	7,655,541

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600

FYE: 11/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	70.1248	70.1248	A3D Allowable Resident Care Exp	1,585,803
B5 Allocation of D/C Expenses	63.7115	127.4229	B4 Allocation of D/C Expenses	2,562,284
C3 Additional Services per Diem	59.7094	59.7095	C2 Additional Services per Diem	1,350,270
Total Resident Care Component	193.5457	257.2572	Total Resident Care Component	5,498,357

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028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	157th Terrace (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28568400	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,190	0	2,190
2. Operating Expenses component			
A. Administration			60,428
B. Plant Operation			22,302
C. Laundry			239
D. Housekeeping			2,210
E. Operating Expense Component & Per Diem	38.8945		85,179
3. Resident Care			
A. Dietary			16,207
B. Other			61,311
C. Nursing			0
D. Resident Care & Per Diem	35.3963		77,518
4. Prop Exp & Per Diem	11.5616		25,320
5. ROE/Use Per Diem	2.0685		4,530
<u>B. Direct Care Expense</u>			
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	318,866.00	0.00	318,866.00
5. Direct Care Expense Per Diem	145.6009	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,190	0	2,190
2. Additional Services	7,295	0	7,295
3. Additional Services Exp & Per Diem	3.3311	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	38.8945	0.0000	85,179
2. Resident Care Component	184.3283	0.0000	403,679
3. Property Cost Component	11.5616	0.0000	25,320
4. ROE/Use Allow Component	2.0685	0.0000	4,530
5. Total Cost Per Diem	236.8529	0.0000	518,708

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400

FYE: 06/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.3963	0.0000	A3D Allowable Resident Care Exp	77,518
B5 Allocation of D/C Expenses	145.6009	0.0000	B4 Allocation of D/C Expenses	318,866
C3 Additional Services per Diem	3.3311	0.0000	C2 Additional Services per Diem	7,295
Total Resident Care Component	184.3283	0.0000	Total Resident Care Component	403,679

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028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28569200	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	7/1/2017 - 6/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	365	1,825	2,190
2. Operating Expenses component			
A. Administration			69,644
B. Plant Operation			39,476
C. Laundry			275
D. Housekeeping			1,773
E. Operating Expense Component & Per Diem	50.7616	50.7616	111,168
3. Resident Care			
A. Dietary			15,605
B. Other			57,845
C. Nursing			0
D. Resident Care & Per Diem	33.5388	33.5388	73,450
4. Prop Exp & Per Diem	23.5502	23.5502	51,575
5. ROE/Use Per Diem	2.0096	2.0096	4,401
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	273.75	1,825.00	2,098.75
3. Staffing Percent	0.1304	0.8696	1.0000
4. Allocation of Direct Care	44,415.00	296,100.00	340,515.00
5. Direct Care Expense Per Diem	121.6849	162.2466	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	4,263	21,316	25,579
3. Additional Services Exp & Per Diem	11.6795	11.6800	
D. Medicaid Per Diem Cost			
1. Operating Component	50.7616	50.7616	111,168
2. Resident Care Component	166.9032	207.4654	439,544
3. Property Cost Component	23.5502	23.5502	51,575
4. ROE/Use Allow Component	2.0096	2.0096	4,401
5. Total Cost Per Diem	243.2246	283.7868	606,688

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200

FYE: 06/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.5388	33.5388	A3D Allowable Resident Care Exp	73,450
B5 Allocation of D/C Expenses	121.6849	162.2466	B4 Allocation of D/C Expenses	340,515
C3 Additional Services per Diem	11.6795	11.6800	C2 Additional Services per Diem	25,579
Total Resident Care Component	166.9032	207.4654	Total Resident Care Component	439,544

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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 7/2019

Provider Name: **Avon Park Cluster (Mentor)**
 Provider Number: 31256800
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Stepka, Kimber
 Rate Semester : July, 2019
 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
A. Allocation of Expenses (excluding B & C)			
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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	325.8472	398.3353	3,449,583

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800
FYE: 09/30/2017

	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
Total Resident Care Component	213.9199	286.4080	Total Resident Care Component	2,480,293

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 31257600

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,691	6,892	8,583
2. Operating Expenses component			
A. Administration			499,167
B. Plant Operation			127,765
C. Laundry			0
D. Housekeeping			89,874
E. Operating Expense Component & Per Diem	83.5146	83.5146	716,806
3. Resident Care			
A. Dietary			163,199
B. Other			0
C. Nursing			749,706
D. Resident Care & Per Diem	106.3620	106.3620	912,905
4. Prop Exp & Per Diem	14.4524	14.4524	124,045
5. ROE/Use Per Diem	0.9167	0.9167	7,868
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	845.50	6,892.00	7,737.50
3. Staffing Percent	0.1093	0.8907	1.0000
4. Allocation of Direct Care	124,767.72	1,017,030.28	1,141,798.00
5. Direct Care Expense Per Diem	73.7834	147.5668	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,691	6,892	8,583
2. Additional Services	36,305	147,968	184,273
3. Additional Services Exp & Per Diem	21.4695	21.4695	
D. Medicaid Per Diem Cost			
1. Operating Component	83.5146	83.5146	716,806
2. Resident Care Component	201.6149	275.3983	2,238,976
3. Property Cost Component	14.4524	14.4524	124,045
4. ROE/Use Allow Component	0.9167	0.9167	7,868
5. Total Cost Per Diem	300.4986	374.2820	3,087,695

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600

FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	106.3620	106.3620	A3D Allowable Resident Care Exp	912,905
B5 Allocation of D/C Expenses	73.7834	147.5668	B4 Allocation of D/C Expenses	1,141,798
C3 Additional Services per Diem	21.4695	21.4695	C2 Additional Services per Diem	184,273
Total Resident Care Component	201.6149	275.3983	Total Resident Care Component	2,238,976

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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 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 31258400

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	294.3627	372.9969	2,990,256

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400
FYE: 09/30/2017

	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
Total Resident Care Component	194.6033	273.2375	Total Resident Care Component	2,178,913

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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 7/2019

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

Cost Report Entered By : Stepka, Kimber

Provider Number: 31259200

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	331.1834	412.3690	3,347,257

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 09/30/2017

	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
Total Resident Care Component	206.8742	288.0598	Total Resident Care Component	2,329,289

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 31260600

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	655	7,549	8,204
2. Operating Expenses component			
A. Administration			484,472
B. Plant Operation			196,598
C. Laundry			0
D. Housekeeping			69,841
E. Operating Expense Component & Per Diem	91.5299	91.5299	750,911
3. Resident Care			
A. Dietary			139,792
B. Other			0
C. Nursing			642,231
D. Resident Care & Per Diem	95.3222	95.3222	782,023
4. Prop Exp & Per Diem	12.5781	12.5781	103,191
5. ROE/Use Per Diem	1.5206	1.5206	12,475
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	327.50	7,549.00	7,876.50
3. Staffing Percent	0.0416	0.9584	1.0000
4. Allocation of Direct Care	48,758.43	1,123,900.57	1,172,659.00
5. Direct Care Expense Per Diem	74.4404	148.8807	
C. Additional Services Expense			
1. Medicaid Inpatient Days	655	7,549	8,204
2. Additional Services	13,256	152,779	166,035
3. Additional Services Exp & Per Diem	20.2382	20.2383	
D. Medicaid Per Diem Cost			
1. Operating Component	91.5299	91.5299	750,911
2. Resident Care Component	190.0008	264.4412	2,120,717
3. Property Cost Component	12.5781	12.5781	103,191
4. ROE/Use Allow Component	1.5206	1.5206	12,475
5. Total Cost Per Diem	295.6294	370.0698	2,987,294

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	95.3222	95.3222	A3D Allowable Resident Care Exp	782,023
B5 Allocation of D/C Expenses	74.4404	148.8807	B4 Allocation of D/C Expenses	1,172,659
C3 Additional Services per Diem	20.2382	20.2383	C2 Additional Services per Diem	166,035
Total Resident Care Component	190.0008	264.4412	Total Resident Care Component	2,120,717

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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) 07/2019 to 7/2019

Provider Name: **Flamingo Drive Cluster (Mentor)**
 Provider Number: 31261400
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,868	7,868
2. Operating Expenses component			
A. Administration			755,026
B. Plant Operation			255,847
C. Laundry			0
D. Housekeeping			123,420
E. Operating Expense Component & Per Diem	144.1654	144.1654	1,134,293
3. Resident Care			
A. Dietary			199,390
B. Other			0
C. Nursing			827,669
D. Resident Care & Per Diem	130.5362	130.5362	1,027,059
4. Prop Exp & Per Diem	15.9817	15.9817	125,744
5. ROE/Use Per Diem	3.6383	3.6383	28,626
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,868.00	7,868.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,387,782.00	1,387,782.00
5. Direct Care Expense Per Diem	88.1916	176.3831	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,868	7,868
2. Additional Services	0	303,745	303,745
3. Additional Services Exp & Per Diem	38.6051	38.6051	
D. Medicaid Per Diem Cost			
1.Operating Component	144.1654	144.1654	1,134,293
2. Resident Care Component	257.3329	345.5244	2,718,586
3. Property Cost Component	15.9817	15.9817	125,744
4. ROE/Use Allow Component	3.6383	3.6383	28,626
5. Total Cost Per Diem	421.1183	509.3098	4,007,249

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400

FYE: 09/30/2018

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	130.5362	130.5362	A3D Allowable Resident Care Exp	1,027,059
B5 Allocation of D/C Expenses	88.1916	176.3831	B4 Allocation of D/C Expenses	1,387,782
C3 Additional Services per Diem	38.6051	38.6051	C2 Additional Services per Diem	303,745
Total Resident Care Component	257.3329	345.5244	Total Resident Care Component	2,718,586

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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) 07/2019 to 7/2019

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,032	152	2,184
2. Operating Expenses component			
A. Administration			84,774
B. Plant Operation			37,798
C. Laundry			0
D. Housekeeping			353
E. Operating Expense Component & Per Diem	56.2843	56.2843	122,925
3. Resident Care			
A. Dietary			13,263
B. Other			0
C. Nursing			21,480
D. Resident Care & Per Diem	15.9080	15.9080	34,743
4. Prop Exp & Per Diem	17.7331	17.7331	38,729
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,524.00	152.00	1,676.00
3. Staffing Percent	0.9093	0.0907	1.0000
4. Allocation of Direct Care	322,530.60	32,168.40	354,699.00
5. Direct Care Expense Per Diem	158.7257	211.6342	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,032	152	2,184
2. Additional Services	28,714	2,148	30,862
3. Additional Services Exp & Per Diem	14.1309	14.1316	
D. Medicaid Per Diem Cost			
1.Operating Component	56.2843	56.2843	122,925
2. Resident Care Component	188.7646	241.6738	420,304
3. Property Cost Component	17.7331	17.7331	38,729
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	262.7820	315.6912	581,958

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	15.9080	15.9080	A3D Allowable Resident Care Exp	34,743
B5 Allocation of D/C Expenses	158.7257	211.6342	B4 Allocation of D/C Expenses	354,699
C3 Additional Services per Diem	14.1309	14.1316	C2 Additional Services per Diem	30,862
Total Resident Care Component	188.7646	241.6738	Total Resident Care Component	420,304

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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) 07/2019 to 7/2019

Provider Name:	Greenridge Group Home (Mentor)	Cost Report Entered By :	Berry, Alycia
Provider Number:	31263100	Rate Semester :	July, 2019
Audit Status:	Unaudited Costs	Cost Report :	10/1/2017 - 9/30/2018
Date:	7/1/2019	Days In Reporting Period:	365
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,184	0	2,184
2. Operating Expenses component			
A. Administration			60,347
B. Plant Operation			26,410
C. Laundry			0
D. Housekeeping			1,080
E. Operating Expense Component & Per Diem	40.2184		87,837
3. Resident Care			
A. Dietary			10,941
B. Other			0
C. Nursing			32,111
D. Resident Care & Per Diem	19.7125		43,052
4. Prop Exp & Per Diem	18.1397		39,617
5. ROE/Use Per Diem	0.0504		110
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,638.00	0.00	1,638.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	247,490.00	0.00	247,490.00
5. Direct Care Expense Per Diem	113.3196	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,184	0	2,184
2. Additional Services	17,634	0	17,634
3. Additional Services Exp & Per Diem	8.0742	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	40.2184	0.0000	87,837
2. Resident Care Component	141.1063	0.0000	308,176
3. Property Cost Component	18.1397	0.0000	39,617
4. ROE/Use Allow Component	0.0504	0.0000	110
5. Total Cost Per Diem	199.5148	0.0000	435,740

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 09/30/2018

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	19.7125	0.0000	A3D Allowable Resident Care Exp	43,052
B5 Allocation of D/C Expenses	113.3196	0.0000	B4 Allocation of D/C Expenses	247,490
C3 Additional Services per Diem	8.0742	0.0000	C2 Additional Services per Diem	17,634
Total Resident Care Component	141.1063	0.0000	Total Resident Care Component	308,176

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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) 07/2019 to 7/2019

Provider Name: **Pensacola Cluster (Mentor)**
 Provider Number: 31264900
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 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
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	368	7,884	8,252
2. Operating Expenses component			
A. Administration			573,449
B. Plant Operation			252,079
C. Laundry			0
D. Housekeeping			36,693
E. Operating Expense Component & Per Diem	104.4863	104.4863	862,221
3. Resident Care			
A. Dietary			141,695
B. Other			0
C. Nursing			769,310
D. Resident Care & Per Diem	110.3981	110.3981	911,005
4. Prop Exp & Per Diem	10.7387	10.7387	88,616
5. ROE/Use Per Diem	1.9462	1.9462	16,060
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	184.00	7,884.00	8,068.00
3. Staffing Percent	0.0228	0.9772	1.0000
4. Allocation of Direct Care	27,236.66	1,167,031.34	1,194,268.00
5. Direct Care Expense Per Diem	74.0126	148.0253	
C. Additional Services Expense			
1. Medicaid Inpatient Days	368	7,884	8,252
2. Additional Services	7,323	156,892	164,215
3. Additional Services Exp & Per Diem	19.8995	19.9001	
D. Medicaid Per Diem Cost			
1. Operating Component	104.4863	104.4863	862,221
2. Resident Care Component	204.3102	278.3235	2,269,488
3. Property Cost Component	10.7387	10.7387	88,616
4. ROE/Use Allow Component	1.9462	1.9462	16,060
5. Total Cost Per Diem	321.4814	395.4947	3,236,385

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	110.3981	110.3981	A3D Allowable Resident Care Exp	911,005
B5 Allocation of D/C Expenses	74.0126	148.0253	B4 Allocation of D/C Expenses	1,194,268
C3 Additional Services per Diem	19.8995	19.9001	C2 Additional Services per Diem	164,215
Total Resident Care Component	204.3102	278.3235	Total Resident Care Component	2,269,488

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031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2019

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

Cost Report Entered By : Stepka, Kimber

Provider Number: 31265700

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,565	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. Direct Care Expense			
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	
C. Additional Services Expense			
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	
D. Medicaid Per Diem Cost			
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
5. Total Cost Per Diem	318.6005	366.8519	685,694

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 09/30/2017

	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
Total Resident Care Component	219.7055	267.9569	Total Resident Care Component	450,218

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2019

Provider Name: **Rich Street Group Home (Mentor)**
 Provider Number: 31266500
 Audit Status: Unaudited Costs
 Date: 7/1/2019

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2019
 Cost Report : 10/1/2017 - 9/30/2018
 Days In Reporting Period: 365
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,820	135	1,955
2. Operating Expenses component			
A. Administration			75,337
B. Plant Operation			33,652
C. Laundry			0
D. Housekeeping			7,655
E. Operating Expense Component & Per Diem	59.6645	59.6645	116,644
3. Resident Care			
A. Dietary			13,501
B. Other			0
C. Nursing			49,353
D. Resident Care & Per Diem	32.1504	32.1504	62,854
4. Prop Exp & Per Diem	18.0281	18.0281	35,245
5. ROE/Use Per Diem	0.0312	0.0312	61
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,365.00	135.00	1,500.00
3. Staffing Percent	0.9100	0.0900	1.0000
4. Allocation of Direct Care	229,510.19	22,698.81	252,209.00
5. Direct Care Expense Per Diem	126.1045	168.1393	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,820	135	1,955
2. Additional Services	51,073	3,788	54,861
3. Additional Services Exp & Per Diem	28.0621	28.0593	
D. Medicaid Per Diem Cost			
1.Operating Component	59.6645	59.6645	116,644
2. Resident Care Component	186.3170	228.3490	369,924
3. Property Cost Component	18.0281	18.0281	35,245
4. ROE/Use Allow Component	0.0312	0.0312	61
5. Total Cost Per Diem	264.0408	306.0728	521,874

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500

FYE: 09/30/2018

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.1504	32.1504	A3D Allowable Resident Care Exp	62,854
B5 Allocation of D/C Expenses	126.1045	168.1393	B4 Allocation of D/C Expenses	252,209
C3 Additional Services per Diem	28.0621	28.0593	C2 Additional Services per Diem	54,861
Total Resident Care Component	186.3170	228.3490	Total Resident Care Component	369,924

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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) 07/2019 to 7/2019

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

Cost Report Entered By : Berry, Alycia

Provider Number: 31267300

Rate Semester : July, 2019

Audit Status: Unaudited Costs

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

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,126	7,364	8,490
2. Operating Expenses component			
A. Administration			481,906
B. Plant Operation			179,576
C. Laundry			0
D. Housekeeping			69,570
E. Operating Expense Component & Per Diem	86.1074	86.1074	731,052
3. Resident Care			
A. Dietary			178,778
B. Other			0
C. Nursing			617,572
D. Resident Care & Per Diem	93.7986	93.7986	796,350
4. Prop Exp & Per Diem	14.9667	14.9667	127,067
5. ROE/Use Per Diem	1.9430	1.9430	16,496
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	563.00	7,364.00	7,927.00
3. Staffing Percent	0.0710	0.9290	1.0000
4. Allocation of Direct Care	82,392.18	1,077,683.82	1,160,076.00
5. Direct Care Expense Per Diem	73.1725	146.3449	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,126	7,364	8,490
2. Additional Services	26,488	173,233	199,721
3. Additional Services Exp & Per Diem	23.5240	23.5243	
D. Medicaid Per Diem Cost			
1. Operating Component	86.1074	86.1074	731,052
2. Resident Care Component	190.4951	263.6678	2,156,147
3. Property Cost Component	14.9667	14.9667	127,067
4. ROE/Use Allow Component	1.9430	1.9430	16,496
5. Total Cost Per Diem	293.5122	366.6849	3,030,762

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2017

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	93.7986	93.7986	A3D Allowable Resident Care Exp	796,350
B5 Allocation of D/C Expenses	73.1725	146.3449	B4 Allocation of D/C Expenses	1,160,076
C3 Additional Services per Diem	23.5240	23.5243	C2 Additional Services per Diem	199,721
Total Resident Care Component	190.4951	263.6678	Total Resident Care Component	2,156,147

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2019

Provider Name: **New Horizons (Mentor)**

Cost Report Entered By : Berry, Alycia

Provider Number: 99999900

Rate Semester : July, 2019

Audit Status: Budget

Cost Report : 2/1/2019 - 1/31/2020

Date: 7/1/2019

Days In Reporting Period: 365

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	11,823	5,332	17,155
2. Operating Expenses component			
A. Administration			1,553,065
B. Plant Operation			396,606
C. Laundry			3,636
D. Housekeeping			319,595
E. Operating Expense Component & Per Diem	132.4921	132.4921	2,272,902
3. Resident Care			
A. Dietary			530,004
B. Other			0
C. Nursing			1,222,240
D. Resident Care & Per Diem	102.1419	102.1419	1,752,244
4. Prop Exp & Per Diem	27.1187	27.1187	465,222
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,911.50	5,332.00	11,243.50
3. Staffing Percent	0.5258	0.4742	1.0000
4. Allocation of Direct Care	1,360,620.32	1,227,239.68	2,587,860.00
5. Direct Care Expense Per Diem	115.0825	230.1650	
C. Additional Services Expense			
1. Medicaid Inpatient Days	11,823	5,332	17,155
2. Additional Services	502,412	226,581	728,993
3. Additional Services Exp & Per Diem	42.4945	42.4946	
D. Medicaid Per Diem Cost			
1. Operating Component	132.4921	132.4921	2,272,902
2. Resident Care Component	259.7189	374.8015	5,069,097
3. Property Cost Component	27.1187	27.1187	465,222
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	419.3297	534.4123	7,807,221

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons (Mentor)

Provider Number: 99999900

FYE: 01/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.1419	102.1419	A3D Allowable Resident Care Exp	1,752,244
B5 Allocation of D/C Expenses	115.0825	230.1650	B4 Allocation of D/C Expenses	2,587,860
C3 Additional Services per Diem	42.4945	42.4946	C2 Additional Services per Diem	728,993
Total Resident Care Component	259.7189	374.8015	Total Resident Care Component	5,069,097

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