



Florida Agency For Health Care Administration

000169300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **St. Augustine Center for Living**
 Provider Number: 00169300
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 12/1/2018 - 11/30/2019
 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	21,805	0	21,805
2. Operating Expenses component			
A. Administration			750,260
B. Plant Operation			339,327
C. Laundry			32,990
D. Housekeeping			37,563
E. Operating Expense Component & Per Diem	53.2052		1,160,140
3. Resident Care			
A. Dietary			375,442
B. Other			0
C. Nursing			403,228
D. Resident Care & Per Diem	35.7106		778,670
4. Prop Exp & Per Diem	17.3867		379,118
5. ROE/Use Per Diem	1.1038		24,069
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	10,902.50	0.00	10,902.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	2,146,695.00	0.00	2,146,695.00
5. Direct Care Expense Per Diem	98.4497	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,805	0	21,805
2. Additional Services	344,695	0	344,695
3. Additional Services Exp & Per Diem	15.8081	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	53.2052	0.0000	1,160,140
2. Resident Care Component	149.9684	0.0000	3,270,060
3. Property Cost Component	17.3867	0.0000	379,118
4. ROE/Use Allow Component	1.1038	0.0000	24,069
5. Total Cost Per Diem	221.6641	0.0000	4,833,387

Resident Care Component Per-Diem Calculation

Facility Name: St. Augustine Center for Living

Provider Number: 00169300

FYE: 11/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	35.7106	0.0000	A3D Allowable Resident Care Exp	778,670
B5 Allocation of D/C Expenses	98.4497	0.0000	B4 Allocation of D/C Expenses	2,146,695
C3 Additional Services per Diem	15.8081	0.0000	C2 Additional Services per Diem	344,695
Total Resident Care Component	149.9684	0.0000	Total Resident Care Component	3,270,060

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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) 07/2021 to 7/2021

Provider Name: **Miner North**

Cost Report Entered By : Cox, Lauren

Provider Number: 01069500

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 6/1/2019 - 5/31/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	366	8,129	8,495
2. Operating Expenses component			
A. Administration			627,927
B. Plant Operation			331,075
C. Laundry			5,425
D. Housekeeping			47,575
E. Operating Expense Component & Per Diem	119.1291	119.1291	1,012,002
3. Resident Care			
A. Dietary			346,412
B. Other			0
C. Nursing			377,124
D. Resident Care & Per Diem	85.1720	85.1720	723,536
4. Prop Exp & Per Diem	52.9550	52.9550	449,853
5. ROE/Use Per Diem	2.4159	2.4159	20,523
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	183.00	8,129.00	8,312.00
3. Staffing Percent	0.0220	0.9780	1.0000
4. Allocation of Direct Care	34,381.06	1,527,232.94	1,561,614.00
5. Direct Care Expense Per Diem	93.9373	187.8746	
C. Additional Services Expense			
1. Medicaid Inpatient Days	366	8,129	8,495
2. Additional Services	11,128	247,157	258,285
3. Additional Services Exp & Per Diem	30.4044	30.4044	
D. Medicaid Per Diem Cost			
1.Operating Component	119.1291	119.1291	1,012,002
2. Resident Care Component	209.5137	303.4510	2,543,435
3. Property Cost Component	52.9550	52.9550	449,853
4. ROE/Use Allow Component	2.4159	2.4159	20,523
5. Total Cost Per Diem	384.0137	477.9510	4,025,813

Resident Care Component Per-Diem Calculation

Facility Name: Miner North

Provider Number: 01069500

FYE: 05/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	85.1720	85.1720	A3D Allowable Resident Care Exp	723,536
B5 Allocation of D/C Expenses	93.9373	187.8746	B4 Allocation of D/C Expenses	1,561,614
C3 Additional Services per Diem	30.4044	30.4044	C2 Additional Services per Diem	258,285
Total Resident Care Component	209.5137	303.4510	Total Resident Care Component	2,543,435

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001071000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: Miner South	Cost Report Entered By : Cox, Lauren
Provider Number: 01071000	Rate Semester : July, 2021
Audit Status: Unaudited Costs	Cost Report : 6/1/2019 - 5/31/2020
Date: 7/9/2021	Days In Reporting Period: 366
	Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,005	6,489	8,494
2. Operating Expenses component			
A. Administration			605,190
B. Plant Operation			347,908
C. Laundry			6,825
D. Housekeeping			45,114
E. Operating Expense Component & Per Diem	118.3232	118.3232	1,005,037
3. Resident Care			
A. Dietary			334,927
B. Other			0
C. Nursing			354,699
D. Resident Care & Per Diem	81.1898	81.1898	689,626
4. Prop Exp & Per Diem	52.5345	52.5345	446,228
5. ROE/Use Per Diem	2.3963	2.3963	20,354
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,002.50	6,489.00	7,491.50
3. Staffing Percent	0.1338	0.8662	1.0000
4. Allocation of Direct Care	197,458.85	1,278,115.15	1,475,574.00
5. Direct Care Expense Per Diem	98.4832	196.9664	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,005	6,489	8,494
2. Additional Services	55,595	179,928	235,523
3. Additional Services Exp & Per Diem	27.7282	27.7282	
D. Medicaid Per Diem Cost			
1.Operating Component	118.3232	118.3232	1,005,037
2. Resident Care Component	207.4012	305.8844	2,400,723
3. Property Cost Component	52.5345	52.5345	446,228
4. ROE/Use Allow Component	2.3963	2.3963	20,354
5. Total Cost Per Diem	380.6552	479.1384	3,872,342

Resident Care Component Per-Diem Calculation

Facility Name: Miner South

Provider Number: 01071000

FYE: 05/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.1898	81.1898	A3D Allowable Resident Care Exp	689,626
B5 Allocation of D/C Expenses	98.4832	196.9664	B4 Allocation of D/C Expenses	1,475,574
C3 Additional Services per Diem	27.7282	27.7282	C2 Additional Services per Diem	235,523
Total Resident Care Component	207.4012	305.8844	Total Resident Care Component	2,400,723

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2018 to 7/2021

Provider Name:	New Horizons (Mentor)	Cost Report Entered By :	Berry, Alycia
Provider Number:	101963600	Rate Semester :	July, 2021
Audit Status:	Budget	Cost Report :	2/1/2019 - 1/31/2020
Date:	7/9/2021	Days In Reporting Period:	365
		Number of Beds:	48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
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
<u>B. Direct Care Expense</u>			
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	
<u>C. Additional Services Expense</u>			
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	
<u>D. Medicaid Per Diem Cost</u>			
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: 101963600

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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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Sunrise Community, Inc. - Log Cabin	Cost Report Entered By :	Cox, Lauren
Provider Number:	107650900	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 5/31/2020
Date:	7/9/2021	Days In Reporting Period:	336
		Number of Beds:	120

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	21,440	17,146	38,586
2. Operating Expenses component			
A. Administration			2,367,436
B. Plant Operation			1,289,648
C. Laundry			7,552
D. Housekeeping			170,275
E. Operating Expense Component & Per Diem	99.3861	99.3861	3,834,911
3. Resident Care			
A. Dietary			1,329,793
B. Other			845,325
C. Nursing			2,500,965
D. Resident Care & Per Diem	121.1860	121.1860	4,676,083
4. Prop Exp & Per Diem	14.2601	14.2601	550,240
5. ROE/Use Per Diem	1.6983	1.6983	65,531
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	10,720.00	17,146.00	27,866.00
3. Staffing Percent	0.3847	0.6153	1.0000
4. Allocation of Direct Care	2,115,891.65	3,384,242.35	5,500,134.00
5. Direct Care Expense Per Diem	98.6890	197.3780	
C. Additional Services Expense			
1. Medicaid Inpatient Days	21,440	17,146	38,586
2. Additional Services	305,509	244,322	549,831
3. Additional Services Exp & Per Diem	14.2495	14.2495	
D. Medicaid Per Diem Cost			
1. Operating Component	99.3861	99.3861	3,834,911
2. Resident Care Component	234.1245	332.8135	10,726,048
3. Property Cost Component	14.2601	14.2601	550,240
4. ROE/Use Allow Component	1.6983	1.6983	65,531
5. Total Cost Per Diem	349.4690	448.1580	15,176,730

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Community, Inc. - Log Cabin

Provider Number: 107650900

FYE: 05/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	121.1860	121.1860	A3D Allowable Resident Care Exp	4,676,083
B5 Allocation of D/C Expenses	98.6890	197.3780	B4 Allocation of D/C Expenses	5,500,134
C3 Additional Services per Diem	14.2495	14.2495	C2 Additional Services per Diem	549,831
Total Resident Care Component	234.1245	332.8135	Total Resident Care Component	10,726,048

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Florida Agency For Health Care Administration

0108357500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Pensacola Developmental Center**
 Provider Number: 108357500
 Audit Status: Budget
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 12/1/2020 - 11/30/2021
 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	9,940	10,895	20,835
2. Operating Expenses component			
A. Administration			1,533,151
B. Plant Operation			318,861
C. Laundry			3,673
D. Housekeeping			272,069
E. Operating Expense Component & Per Diem	102.1240	102.1240	2,127,754
3. Resident Care			
A. Dietary			450,122
B. Other			0
C. Nursing			1,711,731
D. Resident Care & Per Diem	103.7606	103.7606	2,161,853
4. Prop Exp & Per Diem	18.1508	18.1508	378,171
5. ROE/Use Per Diem	1.4657	1.4657	30,538
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	4,970.00	10,895.00	15,865.00
3. Staffing Percent	0.3133	0.6867	1.0000
4. Allocation of Direct Care	978,469.41	2,144,954.59	3,123,424.00
5. Direct Care Expense Per Diem	98.4376	196.8751	
C. Additional Services Expense			
1. Medicaid Inpatient Days	9,940	10,895	20,835
2. Additional Services	948,837	1,039,997	1,988,834
3. Additional Services Exp & Per Diem	95.4564	95.4564	
D. Medicaid Per Diem Cost			
1.Operating Component	102.1240	102.1240	2,127,754
2. Resident Care Component	297.6546	396.0921	7,274,111
3. Property Cost Component	18.1508	18.1508	378,171
4. ROE/Use Allow Component	1.4657	1.4657	30,538
5. Total Cost Per Diem	419.3951	517.8326	9,810,574

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Developmental Center

Provider Number: 108357500

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.7606	103.7606	A3D Allowable Resident Care Exp	2,161,853
B5 Allocation of D/C Expenses	98.4376	196.8751	B4 Allocation of D/C Expenses	3,123,424
C3 Additional Services per Diem	95.4564	95.4564	C2 Additional Services per Diem	1,988,834
Total Resident Care Component	297.6546	396.0921	Total Resident Care Component	7,274,111

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Florida Agency For Health Care Administration

0108358400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name:	Panama City Developmental Center	Cost Report Entered By :	Cox, Lauren
Provider Number:	108358400	Rate Semester :	July, 2021
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	7/9/2021	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	5,722	14,143	19,865
2. Operating Expenses component			
A. Administration			1,541,792
B. Plant Operation			467,336
C. Laundry			4,732
D. Housekeeping			159,267
E. Operating Expense Component & Per Diem	109.3948	109.3948	2,173,127
3. Resident Care			
A. Dietary			478,075
B. Other			0
C. Nursing			1,728,349
D. Resident Care & Per Diem	111.0709	111.0709	2,206,424
4. Prop Exp & Per Diem	18.1478	18.1478	360,506
5. ROE/Use Per Diem	1.4896	1.4896	29,590
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,861.00	14,143.00	17,004.00
3. Staffing Percent	0.1683	0.8317	1.0000
4. Allocation of Direct Care	543,107.45	2,684,784.55	3,227,892.00
5. Direct Care Expense Per Diem	94.9157	189.8313	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,722	14,143	19,865
2. Additional Services	479,041	1,184,039	1,663,080
3. Additional Services Exp & Per Diem	83.7192	83.7191	
D. Medicaid Per Diem Cost			
1.Operating Component	109.3948	109.3948	2,173,127
2. Resident Care Component	289.7058	384.6213	7,097,396
3. Property Cost Component	18.1478	18.1478	360,506
4. ROE/Use Allow Component	1.4896	1.4896	29,590
5. Total Cost Per Diem	418.7380	513.6535	9,660,619

Resident Care Component Per-Diem Calculation

Facility Name: Panama City Developmental Center

Provider Number: 108358400

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	111.0709	111.0709	A3D Allowable Resident Care Exp	2,206,424
B5 Allocation of D/C Expenses	94.9157	189.8313	B4 Allocation of D/C Expenses	3,227,892
C3 Additional Services per Diem	83.7192	83.7191	C2 Additional Services per Diem	1,663,080
Total Resident Care Component	289.7058	384.6213	Total Resident Care Component	7,097,396

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Florida Agency For Health Care Administration

0108358800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Tallahassee Developmental Center**
 Provider Number: 108358800
 Audit Status: Budget
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 12/1/2020 - 11/30/2021
 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	8,638	12,015	20,653
2. Operating Expenses component			
A. Administration			1,684,154
B. Plant Operation			486,783
C. Laundry			5,324
D. Housekeeping			431,770
E. Operating Expense Component & Per Diem	126.2786	126.2786	2,608,031
3. Resident Care			
A. Dietary			395,612
B. Other			0
C. Nursing			1,733,681
D. Resident Care & Per Diem	103.0985	103.0985	2,129,293
4. Prop Exp & Per Diem	18.6312	18.6312	384,791
5. ROE/Use Per Diem	1.4701	1.4701	30,363
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,319.00	12,015.00	16,334.00
3. Staffing Percent	0.2644	0.7356	1.0000
4. Allocation of Direct Care	784,702.07	2,182,957.93	2,967,660.00
5. Direct Care Expense Per Diem	90.8430	181.6861	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,638	12,015	20,653
2. Additional Services	859,369	1,195,336	2,054,705
3. Additional Services Exp & Per Diem	99.4870	99.4870	
D. Medicaid Per Diem Cost			
1. Operating Component	126.2786	126.2786	2,608,031
2. Resident Care Component	293.4285	384.2716	7,151,658
3. Property Cost Component	18.6312	18.6312	384,791
4. ROE/Use Allow Component	1.4701	1.4701	30,363
5. Total Cost Per Diem	439.8084	530.6515	10,174,843

Resident Care Component Per-Diem Calculation

Facility Name: Tallahassee Developmental Center

Provider Number: 108358800

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	103.0985	103.0985	A3D Allowable Resident Care Exp	2,129,293
B5 Allocation of D/C Expenses	90.8430	181.6861	B4 Allocation of D/C Expenses	2,967,660
C3 Additional Services per Diem	99.4870	99.4870	C2 Additional Services per Diem	2,054,705
Total Resident Care Component	293.4285	384.2716	Total Resident Care Component	7,151,658

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Florida Agency For Health Care Administration

0108358900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name:	Ft. Walton Beach Developmental Ctr.	Cost Report Entered By :	Cox, Lauren
Provider Number:	108358900	Rate Semester :	July, 2021
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	7/9/2021	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	4,621	15,849	20,470
2. Operating Expenses component			
A. Administration			1,548,481
B. Plant Operation			503,499
C. Laundry			5,313
D. Housekeeping			209,646
E. Operating Expense Component & Per Diem	110.7445	110.7445	2,266,939
3. Resident Care			
A. Dietary			498,475
B. Other			0
C. Nursing			1,723,127
D. Resident Care & Per Diem	108.5297	108.5297	2,221,602
4. Prop Exp & Per Diem	19.2109	19.2109	393,248
5. ROE/Use Per Diem	1.4833	1.4833	30,363
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,310.50	15,849.00	18,159.50
3. Staffing Percent	0.1272	0.8728	1.0000
4. Allocation of Direct Care	375,234.13	2,573,938.87	2,949,173.00
5. Direct Care Expense Per Diem	81.2019	162.4039	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,621	15,849	20,470
2. Additional Services	436,880	1,498,399	1,935,279
3. Additional Services Exp & Per Diem	94.5423	94.5422	
D. Medicaid Per Diem Cost			
1. Operating Component	110.7445	110.7445	2,266,939
2. Resident Care Component	284.2739	365.4758	7,106,054
3. Property Cost Component	19.2109	19.2109	393,248
4. ROE/Use Allow Component	1.4833	1.4833	30,363
5. Total Cost Per Diem	415.7126	496.9145	9,796,604

Resident Care Component Per-Diem Calculation

Facility Name: Ft. Walton Beach Developmental Ctr.

Provider Number: 108358900

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.5297	108.5297	A3D Allowable Resident Care Exp	2,221,602
B5 Allocation of D/C Expenses	81.2019	162.4039	B4 Allocation of D/C Expenses	2,949,173
C3 Additional Services per Diem	94.5423	94.5422	C2 Additional Services per Diem	1,935,279
Total Resident Care Component	284.2739	365.4758	Total Resident Care Component	7,106,054

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Florida Agency For Health Care Administration

0108366100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name:	Hillsborough County Developmental Ctr	Cost Report Entered By :	Cox, Lauren
Provider Number:	108366100	Rate Semester :	July, 2021
Audit Status:	Budget	Cost Report :	12/1/2020 - 11/30/2021
Date:	7/9/2021	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	5,604	15,050	20,654
2. Operating Expenses component			
A. Administration			1,629,032
B. Plant Operation			508,641
C. Laundry			1,924
D. Housekeeping			200,078
E. Operating Expense Component & Per Diem	113.2795	113.2795	2,339,675
3. Resident Care			
A. Dietary			474,796
B. Other			0
C. Nursing			1,743,167
D. Resident Care & Per Diem	107.3866	107.3866	2,217,963
4. Prop Exp & Per Diem	17.8459	17.8459	368,589
5. ROE/Use Per Diem	1.4414	1.4414	29,771
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,802.00	15,050.00	17,852.00
3. Staffing Percent	0.1570	0.8430	1.0000
4. Allocation of Direct Care	441,885.69	2,373,440.31	2,815,326.00
5. Direct Care Expense Per Diem	78.8518	157.7037	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,604	15,050	20,654
2. Additional Services	496,661	1,333,824	1,830,485
3. Additional Services Exp & Per Diem	88.6262	88.6262	
D. Medicaid Per Diem Cost			
1. Operating Component	113.2795	113.2795	2,339,675
2. Resident Care Component	274.8646	353.7165	6,863,774
3. Property Cost Component	17.8459	17.8459	368,589
4. ROE/Use Allow Component	1.4414	1.4414	29,771
5. Total Cost Per Diem	407.4314	486.2833	9,601,809

Resident Care Component Per-Diem Calculation

Facility Name: Hillsborough County Developmental Ctr

Provider Number: 108366100

FYE: 11/30/2021

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	107.3866	107.3866	A3D Allowable Resident Care Exp	2,217,963
B5 Allocation of D/C Expenses	78.8518	157.7037	B4 Allocation of D/C Expenses	2,815,326
C3 Additional Services per Diem	88.6262	88.6262	C2 Additional Services per Diem	1,830,485
Total Resident Care Component	274.8646	353.7165	Total Resident Care Component	6,863,774

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Sunrise Nettles Group Home**
 Provider Number: 110232000
 Audit Status: Budget
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 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	365	1,825	2,190
2. Operating Expenses component			
A. Administration			163,817
B. Plant Operation			66,809
C. Laundry			1,380
D. Housekeeping			3,100
E. Operating Expense Component & Per Diem	107.3543	107.3543	235,106
3. Resident Care			
A. Dietary			22,660
B. Other			118,784
C. Nursing			123,949
D. Resident Care & Per Diem	121.1840	121.1840	265,393
4. Prop Exp & Per Diem	15.3918	15.3918	33,708
5. ROE/Use Per Diem	1.9142	1.9142	4,192
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	68,853.91	459,026.09	527,880.00
5. Direct Care Expense Per Diem	188.6409	251.5211	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	1,458	7,292	8,750
3. Additional Services Exp & Per Diem	3.9945	3.9956	
D. Medicaid Per Diem Cost			
1.Operating Component	107.3543	107.3543	235,106
2. Resident Care Component	313.8194	376.7007	802,023
3. Property Cost Component	15.3918	15.3918	33,708
4. ROE/Use Allow Component	1.9142	1.9142	4,192
5. Total Cost Per Diem	438.4797	501.3610	1,075,029

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Nettles Group Home

Provider Number: 110232000

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	121.1840	121.1840	A3D Allowable Resident Care Exp	265,393
B5 Allocation of D/C Expenses	188.6409	251.5211	B4 Allocation of D/C Expenses	527,880
C3 Additional Services per Diem	3.9945	3.9956	C2 Additional Services per Diem	8,750
Total Resident Care Component	313.8194	376.7007	Total Resident Care Component	802,023

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Bayview (Mentor)**
 Provider Number: 12037000
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2018 - 9/30/2019
 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	1,418	730	2,148
2. Operating Expenses component			
A. Administration			263,831
B. Plant Operation			38,289
C. Laundry			0
D. Housekeeping			5,651
E. Operating Expense Component & Per Diem	143.2826	143.2826	307,771
3. Resident Care			
A. Dietary			11,913
B. Other			0
C. Nursing			59,588
D. Resident Care & Per Diem	33.2872	33.2872	71,501
4. Prop Exp & Per Diem	19.4507	19.4507	41,780
5. ROE/Use Per Diem	9.2989	9.2989	19,974
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,063.50	730.00	1,793.50
3. Staffing Percent	0.5930	0.4070	1.0000
4. Allocation of Direct Care	225,147.72	154,544.28	379,692.00
5. Direct Care Expense Per Diem	158.7784	211.7045	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,418	730	2,148
2. Additional Services	25,644	13,202	38,846
3. Additional Services Exp & Per Diem	18.0846	18.0849	
D. Medicaid Per Diem Cost			
1.Operating Component	143.2826	143.2826	307,771
2. Resident Care Component	210.1502	263.0766	490,039
3. Property Cost Component	19.4507	19.4507	41,780
4. ROE/Use Allow Component	9.2989	9.2989	19,974
5. Total Cost Per Diem	382.1824	435.1088	859,564

Resident Care Component Per-Diem Calculation

Facility Name: Bayview (Mentor)

Provider Number: 12037000

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	33.2872	33.2872	A3D Allowable Resident Care Exp	71,501
B5 Allocation of D/C Expenses	158.7784	211.7045	B4 Allocation of D/C Expenses	379,692
C3 Additional Services per Diem	18.0846	18.0849	C2 Additional Services per Diem	38,846
Total Resident Care Component	210.1502	263.0766	Total Resident Care Component	490,039

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012038000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Seaview (Mentor)**
 Provider Number: 12038000
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2018 - 9/30/2019
 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	1,454	730	2,184
2. Operating Expenses component			
A. Administration			141,303
B. Plant Operation			41,539
C. Laundry			0
D. Housekeeping			5,333
E. Operating Expense Component & Per Diem	86.1607	86.1607	188,175
3. Resident Care			
A. Dietary			15,954
B. Other			0
C. Nursing			41,044
D. Resident Care & Per Diem	26.0980	26.0980	56,998
4. Prop Exp & Per Diem	13.8049	13.8049	30,150
5. ROE/Use Per Diem	2.9734	2.9734	6,494
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,090.50	730.00	1,820.50
3. Staffing Percent	0.5990	0.4010	1.0000
4. Allocation of Direct Care	242,071.23	162,046.77	404,118.00
5. Direct Care Expense Per Diem	166.4864	221.9819	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,454	730	2,184
2. Additional Services	22,734	11,414	34,148
3. Additional Services Exp & Per Diem	15.6355	15.6356	
D. Medicaid Per Diem Cost			
1. Operating Component	86.1607	86.1607	188,175
2. Resident Care Component	208.2199	263.7155	495,264
3. Property Cost Component	13.8049	13.8049	30,150
4. ROE/Use Allow Component	2.9734	2.9734	6,494
5. Total Cost Per Diem	311.1589	366.6545	720,083

Resident Care Component Per-Diem Calculation

Facility Name: Seaview (Mentor)

Provider Number: 12038000

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	26.0980	26.0980	A3D Allowable Resident Care Exp	56,998
B5 Allocation of D/C Expenses	166.4864	221.9819	B4 Allocation of D/C Expenses	404,118
C3 Additional Services per Diem	15.6355	15.6356	C2 Additional Services per Diem	34,148
Total Resident Care Component	208.2199	263.7155	Total Resident Care Component	495,264

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012040300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Gulfview (Mentor)**
 Provider Number: 12040300
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2021
 Cost Report : 10/1/2018 - 9/30/2019
 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	1,083	1,044	2,127
2. Operating Expenses component			
A. Administration			157,805
B. Plant Operation			38,159
C. Laundry			0
D. Housekeeping			5,948
E. Operating Expense Component & Per Diem	94.9281	94.9281	201,912
3. Resident Care			
A. Dietary			13,443
B. Other			0
C. Nursing			60,620
D. Resident Care & Per Diem	34.8204	34.8204	74,063
4. Prop Exp & Per Diem	25.4711	25.4711	54,177
5. ROE/Use Per Diem	1.5571	1.5571	3,312
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	812.25	1,044.00	1,856.25
3. Staffing Percent	0.4376	0.5624	1.0000
4. Allocation of Direct Care	173,688.70	223,245.30	396,934.00
5. Direct Care Expense Per Diem	160.3774	213.8365	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,083	1,044	2,127
2. Additional Services	20,161	19,435	39,596
3. Additional Services Exp & Per Diem	18.6159	18.6159	
D. Medicaid Per Diem Cost			
1. Operating Component	94.9281	94.9281	201,912
2. Resident Care Component	213.8137	267.2728	510,593
3. Property Cost Component	25.4711	25.4711	54,177
4. ROE/Use Allow Component	1.5571	1.5571	3,312
5. Total Cost Per Diem	335.7700	389.2291	769,994

Resident Care Component Per-Diem Calculation

Facility Name: Gulfview (Mentor)

Provider Number: 12040300

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.8204	34.8204	A3D Allowable Resident Care Exp	74,063
B5 Allocation of D/C Expenses	160.3774	213.8365	B4 Allocation of D/C Expenses	396,934
C3 Additional Services per Diem	18.6159	18.6159	C2 Additional Services per Diem	39,596
Total Resident Care Component	213.8137	267.2728	Total Resident Care Component	510,593

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012073200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Suffridge Drive Group Home (SH of F)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12073200	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	11/1/2019 - 10/31/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,100	0	2,100
2. Operating Expenses component			
A. Administration			197,869
B. Plant Operation			27,845
C. Laundry			313
D. Housekeeping			4,724
E. Operating Expense Component & Per Diem	109.8814		230,751
3. Resident Care			
A. Dietary			27,983
B. Other			5,429
C. Nursing			137,649
D. Resident Care & Per Diem	81.4576		171,061
4. Prop Exp & Per Diem	12.2805		25,789
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,575.00	0.00	1,575.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	376,148.00	0.00	376,148.00
5. Direct Care Expense Per Diem	179.1181	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,100	0	2,100
2. Additional Services	11,875	0	11,875
3. Additional Services Exp & Per Diem	5.6548	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	109.8814	0.0000	230,751
2. Resident Care Component	266.2305	0.0000	559,084
3. Property Cost Component	12.2805	0.0000	25,789
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	388.3924	0.0000	815,624

Resident Care Component Per-Diem Calculation

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

Provider Number: 12073200

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	81.4576	0.0000	A3D Allowable Resident Care Exp	171,061
B5 Allocation of D/C Expenses	179.1181	0.0000	B4 Allocation of D/C Expenses	376,148
C3 Additional Services per Diem	5.6548	0.0000	C2 Additional Services per Diem	11,875
Total Resident Care Component	266.2305	0.0000	Total Resident Care Component	559,084

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012074200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Coletta Drive Group Home (SH of F)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 12074200

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 11/1/2019 - 10/31/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			191,181
B. Plant Operation			27,084
C. Laundry			162
D. Housekeeping			7,699
E. Operating Expense Component & Per Diem	102.9718	102.9718	226,126
3. Resident Care			
A. Dietary			30,846
B. Other			16,012
C. Nursing			39,971
D. Resident Care & Per Diem	39.5396	39.5396	86,829
4. Prop Exp & Per Diem	12.4617	12.4617	27,366
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	227,233.80	151,489.20	378,723.00
5. Direct Care Expense Per Diem	155.2143	206.9525	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	12,607	6,304	18,911
3. Additional Services Exp & Per Diem	8.6113	8.6120	
D. Medicaid Per Diem Cost			
1. Operating Component	102.9718	102.9718	226,126
2. Resident Care Component	203.3652	255.1041	484,463
3. Property Cost Component	12.4617	12.4617	27,366
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	318.7987	370.5376	737,955

Resident Care Component Per-Diem Calculation

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

Provider Number: 12074200

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	39.5396	39.5396	A3D Allowable Resident Care Exp	86,829
B5 Allocation of D/C Expenses	155.2143	206.9525	B4 Allocation of D/C Expenses	378,723
C3 Additional Services per Diem	8.6113	8.6120	C2 Additional Services per Diem	18,911
Total Resident Care Component	203.3652	255.1041	Total Resident Care Component	484,463

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Spring Street Group Home (SH of F)**

Cost Report Entered By : Samuel, Rydell

Provider Number: 12074800

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 11/1/2019 - 10/31/2020

Date: 7/9/2021

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	426	863	1,289
2. Operating Expenses component			
A. Administration			148,038
B. Plant Operation			18,913
C. Laundry			45
D. Housekeeping			6,025
E. Operating Expense Component & Per Diem	134.2289	134.2289	173,021
3. Resident Care			
A. Dietary			19,076
B. Other			4,153
C. Nursing			39,093
D. Resident Care & Per Diem	48.3491	48.3491	62,322
4. Prop Exp & Per Diem	11.4298	11.4298	14,733
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	319.50	863.00	1,182.50
3. Staffing Percent	0.2702	0.7298	1.0000
4. Allocation of Direct Care	66,567.59	179,805.41	246,373.00
5. Direct Care Expense Per Diem	156.2619	208.3493	
C. Additional Services Expense			
1. Medicaid Inpatient Days	426	863	1,289
2. Additional Services	4,479	9,074	13,553
3. Additional Services Exp & Per Diem	10.5141	10.5145	
D. Medicaid Per Diem Cost			
1. Operating Component	134.2289	134.2289	173,021
2. Resident Care Component	215.1251	267.2129	322,248
3. Property Cost Component	11.4298	11.4298	14,733
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	360.7838	412.8716	510,002

Resident Care Component Per-Diem Calculation

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

Provider Number: 12074800

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	48.3491	48.3491	A3D Allowable Resident Care Exp	62,322
B5 Allocation of D/C Expenses	156.2619	208.3493	B4 Allocation of D/C Expenses	246,373
C3 Additional Services per Diem	10.5141	10.5145	C2 Additional Services per Diem	13,553
Total Resident Care Component	215.1251	267.2129	Total Resident Care Component	322,248

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Resident Care Component Per-Diem Calculation

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

Provider Number: 12075300

FYE: 10/31/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	52.5590	52.5590	A3D Allowable Resident Care Exp	93,082
B5 Allocation of D/C Expenses	155.8916	207.8554	B4 Allocation of D/C Expenses	281,748
C3 Additional Services per Diem	12.6125	12.6147	C2 Additional Services per Diem	22,337
Total Resident Care Component	221.0631	273.0291	Total Resident Care Component	397,167

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012075700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Bessent Road Group Home (SH of F)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12075700	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	11/1/2019 - 10/31/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	366	1,830
2. Operating Expenses component			
A. Administration			183,724
B. Plant Operation			22,244
C. Laundry			19
D. Housekeeping			3,744
E. Operating Expense Component & Per Diem	114.6071	114.6071	209,731
3. Resident Care			
A. Dietary			18,242
B. Other			4,804
C. Nursing			51,170
D. Resident Care & Per Diem	40.5552	40.5552	74,216
4. Prop Exp & Per Diem	13.4809	13.4809	24,670
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	366.00	1,464.00
3. Staffing Percent	0.7500	0.2500	1.0000
4. Allocation of Direct Care	189,305.25	63,101.75	252,407.00
5. Direct Care Expense Per Diem	129.3069	172.4092	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	366	1,830
2. Additional Services	10,502	2,625	13,127
3. Additional Services Exp & Per Diem	7.1735	7.1721	
D. Medicaid Per Diem Cost			
1. Operating Component	114.6071	114.6071	209,731
2. Resident Care Component	177.0356	220.1365	339,750
3. Property Cost Component	13.4809	13.4809	24,670
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	305.1236	348.2245	574,151

Resident Care Component Per-Diem Calculation

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

Provider Number: 12075700

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.5552	40.5552	A3D Allowable Resident Care Exp	74,216
B5 Allocation of D/C Expenses	129.3069	172.4092	B4 Allocation of D/C Expenses	252,407
C3 Additional Services per Diem	7.1735	7.1721	C2 Additional Services per Diem	13,127
Total Resident Care Component	177.0356	220.1365	Total Resident Care Component	339,750

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012075900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Frederick Avenue Group Home (SH of F)** Cost Report Entered By : Cox, Lauren
 Provider Number: 12075900 Rate Semester : July, 2021
 Audit Status: Unaudited Costs Cost Report : 11/1/2019 - 10/31/2020
 Date: 7/9/2021 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,830	366	2,196
2. Operating Expenses component			
A. Administration			201,041
B. Plant Operation			28,892
C. Laundry			274
D. Housekeeping			6,182
E. Operating Expense Component & Per Diem	107.6453	107.6453	236,389
3. Resident Care			
A. Dietary			24,144
B. Other			27,401
C. Nursing			59,693
D. Resident Care & Per Diem	50.6548	50.6548	111,238
4. Prop Exp & Per Diem	11.0524	11.0524	24,271
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	366.00	1,738.50
3. Staffing Percent	0.7895	0.2105	1.0000
4. Allocation of Direct Care	259,859.21	69,295.79	329,155.00
5. Direct Care Expense Per Diem	141.9996	189.3328	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,830	366	2,196
2. Additional Services	11,422	2,284	13,706
3. Additional Services Exp & Per Diem	6.2415	6.2404	
D. Medicaid Per Diem Cost			
1. Operating Component	107.6453	107.6453	236,389
2. Resident Care Component	198.8959	246.2280	454,099
3. Property Cost Component	11.0524	11.0524	24,271
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	317.5936	364.9257	714,759

Resident Care Component Per-Diem Calculation

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

Provider Number: 12075900

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	50.6548	50.6548	A3D Allowable Resident Care Exp	111,238
B5 Allocation of D/C Expenses	141.9996	189.3328	B4 Allocation of D/C Expenses	329,155
C3 Additional Services per Diem	6.2415	6.2404	C2 Additional Services per Diem	13,706
Total Resident Care Component	198.8959	246.2280	Total Resident Care Component	454,099

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 12373500

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 11/1/2019 - 10/31/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,443	153	1,596
2. Operating Expenses component			
A. Administration			161,065
B. Plant Operation			22,422
C. Laundry			4
D. Housekeeping			4,351
E. Operating Expense Component & Per Diem	117.6955	117.6955	187,842
3. Resident Care			
A. Dietary			20,410
B. Other			26,301
C. Nursing			48,980
D. Resident Care & Per Diem	59.9568	59.9568	95,691
4. Prop Exp & Per Diem	10.0708	10.0708	16,073
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,082.25	153.00	1,235.25
3. Staffing Percent	0.8761	0.1239	1.0000
4. Allocation of Direct Care	257,858.05	36,453.95	294,312.00
5. Direct Care Expense Per Diem	178.6958	238.2611	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,443	153	1,596
2. Additional Services	8,117	860	8,977
3. Additional Services Exp & Per Diem	5.6251	5.6209	
D. Medicaid Per Diem Cost			
1. Operating Component	117.6955	117.6955	187,842
2. Resident Care Component	244.2777	303.8388	398,980
3. Property Cost Component	10.0708	10.0708	16,073
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	372.0440	431.6051	602,895

Resident Care Component Per-Diem Calculation

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

Provider Number: 12373500

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.9568	59.9568	A3D Allowable Resident Care Exp	95,691
B5 Allocation of D/C Expenses	178.6958	238.2611	B4 Allocation of D/C Expenses	294,312
C3 Additional Services per Diem	5.6251	5.6209	C2 Additional Services per Diem	8,977
Total Resident Care Component	244.2777	303.8388	Total Resident Care Component	398,980

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Second Street Group Home (SH of F)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12374200	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	11/1/2019 - 10/31/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,159	0	2,159
2. Operating Expenses component			
A. Administration			201,070
B. Plant Operation			31,159
C. Laundry			580
D. Housekeeping			5,409
E. Operating Expense Component & Per Diem	110.3372		238,218
3. Resident Care			
A. Dietary			22,448
B. Other			37,150
C. Nursing			58,571
D. Resident Care & Per Diem	54.7332		118,169
4. Prop Exp & Per Diem	8.7054		18,795
5. ROE/Use Per Diem	0.0000		0
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,619.25	0.00	1,619.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	357,972.00	0.00	357,972.00
5. Direct Care Expense Per Diem	165.8045	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,159	0	2,159
2. Additional Services	13,563	0	13,563
3. Additional Services Exp & Per Diem	6.2821	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	110.3372	0.0000	238,218
2. Resident Care Component	226.8198	0.0000	489,704
3. Property Cost Component	8.7054	0.0000	18,795
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	345.8624	0.0000	746,717

Resident Care Component Per-Diem Calculation

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

Provider Number: 12374200

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	54.7332	0.0000	A3D Allowable Resident Care Exp	118,169
B5 Allocation of D/C Expenses	165.8045	0.0000	B4 Allocation of D/C Expenses	357,972
C3 Additional Services per Diem	6.2821	0.0000	C2 Additional Services per Diem	13,563
Total Resident Care Component	226.8198	0.0000	Total Resident Care Component	489,704

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Rosewood Avenue Group Home (SH of F)**
 Provider Number: 12374400
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 11/1/2019 - 10/31/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,830	0	1,830
2. Operating Expenses component			
A. Administration			180,033
B. Plant Operation			25,615
C. Laundry			212
D. Housekeeping			6,711
E. Operating Expense Component & Per Diem	116.1590		212,571
3. Resident Care			
A. Dietary			24,322
B. Other			37,124
C. Nursing			49,929
D. Resident Care & Per Diem	60.8607		111,375
4. Prop Exp & Per Diem	16.4787		30,156
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,372.50	0.00	1,372.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	319,618.00	0.00	319,618.00
5. Direct Care Expense Per Diem	174.6546	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,830	0	1,830
2. Additional Services	18,568	0	18,568
3. Additional Services Exp & Per Diem	10.1464	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	116.1590	0.0000	212,571
2. Resident Care Component	245.6617	0.0000	449,561
3. Property Cost Component	16.4787	0.0000	30,156
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	378.2994	0.0000	692,288

Resident Care Component Per-Diem Calculation

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

Provider Number: 12374400

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	60.8607	0.0000	A3D Allowable Resident Care Exp	111,375
B5 Allocation of D/C Expenses	174.6546	0.0000	B4 Allocation of D/C Expenses	319,618
C3 Additional Services per Diem	10.1464	0.0000	C2 Additional Services per Diem	18,568
Total Resident Care Component	245.6617	0.0000	Total Resident Care Component	449,561

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **19th Street Group Home (SH of F)**
 Provider Number: 12375400
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 11/1/2019 - 10/31/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,464	732	2,196
2. Operating Expenses component			
A. Administration			183,062
B. Plant Operation			35,073
C. Laundry			297
D. Housekeeping			6,240
E. Operating Expense Component & Per Diem	102.3097	102.3097	224,672
3. Resident Care			
A. Dietary			32,821
B. Other			503
C. Nursing			47,665
D. Resident Care & Per Diem	36.8802	36.8802	80,989
4. Prop Exp & Per Diem	11.0023	11.0023	24,161
5. ROE/Use Per Diem	0.0109	0.0109	24
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,098.00	732.00	1,830.00
3. Staffing Percent	0.6000	0.4000	1.0000
4. Allocation of Direct Care	175,362.00	116,908.00	292,270.00
5. Direct Care Expense Per Diem	119.7828	159.7104	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,464	732	2,196
2. Additional Services	7,220	3,609	10,829
3. Additional Services Exp & Per Diem	4.9317	4.9303	
D. Medicaid Per Diem Cost			
1. Operating Component	102.3097	102.3097	224,672
2. Resident Care Component	161.5947	201.5209	384,088
3. Property Cost Component	11.0023	11.0023	24,161
4. ROE/Use Allow Component	0.0109	0.0109	24
5. Total Cost Per Diem	274.9176	314.8438	632,945

Resident Care Component Per-Diem Calculation

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

Provider Number: 12375400

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.8802	36.8802	A3D Allowable Resident Care Exp	80,989
B5 Allocation of D/C Expenses	119.7828	159.7104	B4 Allocation of D/C Expenses	292,270
C3 Additional Services per Diem	4.9317	4.9303	C2 Additional Services per Diem	10,829
Total Resident Care Component	161.5947	201.5209	Total Resident Care Component	384,088

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Tunis Street Group Home (SH of F)**
 Provider Number: 12386400
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 11/1/2019 - 10/31/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			202,078
B. Plant Operation			25,885
C. Laundry			570
D. Housekeeping			5,744
E. Operating Expense Component & Per Diem	106.6835		234,277
3. Resident Care			
A. Dietary			19,632
B. Other			5,212
C. Nursing			59,946
D. Resident Care & Per Diem	38.6111		84,790
4. Prop Exp & Per Diem	12.8274		28,169
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	358,664.00	0.00	358,664.00
5. Direct Care Expense Per Diem	163.3260	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	11,360	0	11,360
3. Additional Services Exp & Per Diem	5.1730	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	106.6835	0.0000	234,277
2. Resident Care Component	207.1101	0.0000	454,814
3. Property Cost Component	12.8274	0.0000	28,169
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	326.6210	0.0000	717,260

Resident Care Component Per-Diem Calculation

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

Provider Number: 12386400

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.6111	0.0000	A3D Allowable Resident Care Exp	84,790
B5 Allocation of D/C Expenses	163.3260	0.0000	B4 Allocation of D/C Expenses	358,664
C3 Additional Services per Diem	5.1730	0.0000	C2 Additional Services per Diem	11,360
Total Resident Care Component	207.1101	0.0000	Total Resident Care Component	454,814

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Plaza Oval Group Home (SH of F)**
 Provider Number: 12390800
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 11/1/2019 - 10/31/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,657	0	1,657
2. Operating Expenses component			
A. Administration			174,446
B. Plant Operation			26,824
C. Laundry			129
D. Housekeeping			6,111
E. Operating Expense Component & Per Diem	125.2323		207,510
3. Resident Care			
A. Dietary			22,912
B. Other			20,979
C. Nursing			42,843
D. Resident Care & Per Diem	52.3440		86,734
4. Prop Exp & Per Diem	13.9396		23,098
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,242.75	0.00	1,242.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	314,813.00	0.00	314,813.00
5. Direct Care Expense Per Diem	189.9897	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,657	0	1,657
2. Additional Services	15,729	0	15,729
3. Additional Services Exp & Per Diem	9.4925	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	125.2323	0.0000	207,510
2. Resident Care Component	251.8262	0.0000	417,276
3. Property Cost Component	13.9396	0.0000	23,098
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	390.9981	0.0000	647,884

Resident Care Component Per-Diem Calculation

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

Provider Number: 12390800

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	52.3440	0.0000	A3D Allowable Resident Care Exp	86,734
B5 Allocation of D/C Expenses	189.9897	0.0000	B4 Allocation of D/C Expenses	314,813
C3 Additional Services per Diem	9.4925	0.0000	C2 Additional Services per Diem	15,729
Total Resident Care Component	251.8262	0.0000	Total Resident Care Component	417,276

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Claudia Drive Group Home (SH of F)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	12392700	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	11/1/2019 - 10/31/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,311	519	1,830
2. Operating Expenses component			
A. Administration			175,170
B. Plant Operation			28,043
C. Laundry			431
D. Housekeeping			5,833
E. Operating Expense Component & Per Diem	114.4683	114.4683	209,477
3. Resident Care			
A. Dietary			21,331
B. Other			5,918
C. Nursing			54,086
D. Resident Care & Per Diem	44.4454	44.4454	81,335
4. Prop Exp & Per Diem	9.0301	9.0301	16,525
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	983.25	519.00	1,502.25
3. Staffing Percent	0.6545	0.3455	1.0000
4. Allocation of Direct Care	289,005.79	152,549.21	441,555.00
5. Direct Care Expense Per Diem	220.4468	293.9291	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,311	519	1,830
2. Additional Services	11,836	4,686	16,522
3. Additional Services Exp & Per Diem	9.0282	9.0289	
D. Medicaid Per Diem Cost			
1. Operating Component	114.4683	114.4683	209,477
2. Resident Care Component	273.9204	347.4034	539,412
3. Property Cost Component	9.0301	9.0301	16,525
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	397.4188	470.9018	765,414

Resident Care Component Per-Diem Calculation

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

Provider Number: 12392700

FYE: 10/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	44.4454	44.4454	A3D Allowable Resident Care Exp	81,335
B5 Allocation of D/C Expenses	220.4468	293.9291	B4 Allocation of D/C Expenses	441,555
C3 Additional Services per Diem	9.0282	9.0289	C2 Additional Services per Diem	16,522
Total Resident Care Component	273.9204	347.4034	Total Resident Care Component	539,412

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **High Desert Court Group Home (SH of F)**
 Provider Number: 12410100
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 11/1/2019 - 10/31/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,191	0	2,191
2. Operating Expenses component			
A. Administration			204,121
B. Plant Operation			29,474
C. Laundry			433
D. Housekeeping			4,402
E. Operating Expense Component & Per Diem	108.8225		238,430
3. Resident Care			
A. Dietary			19,399
B. Other			2,570
C. Nursing			57,561
D. Resident Care & Per Diem	36.2985		79,530
4. Prop Exp & Per Diem	11.1520		24,434
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,643.25	0.00	1,643.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	342,270.00	0.00	342,270.00
5. Direct Care Expense Per Diem	156.2163	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,191	0	2,191
2. Additional Services	13,578	0	13,578
3. Additional Services Exp & Per Diem	6.1972	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	108.8225	0.0000	238,430
2. Resident Care Component	198.7120	0.0000	435,378
3. Property Cost Component	11.1520	0.0000	24,434
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	318.6865	0.0000	698,242

Resident Care Component Per-Diem Calculation

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

Provider Number: 12410100

FYE: 10/31/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.2985	0.0000	A3D Allowable Resident Care Exp	79,530
B5 Allocation of D/C Expenses	156.2163	0.0000	B4 Allocation of D/C Expenses	342,270
C3 Additional Services per Diem	6.1972	0.0000	C2 Additional Services per Diem	13,578
Total Resident Care Component	198.7120	0.0000	Total Resident Care Component	435,378

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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) 07/2021 to 7/2021

Provider Name: **Sandy Park Development Center**
 Provider Number: 28000300
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 1/1/2019 - 12/31/2019
 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	16,874	5,953	22,827
2. Operating Expenses component			
A. Administration			920,107
B. Plant Operation			402,312
C. Laundry			55,750
D. Housekeeping			157,573
E. Operating Expense Component & Per Diem	67.2774	67.2774	1,535,742
3. Resident Care			
A. Dietary			442,414
B. Other			0
C. Nursing			147,716
D. Resident Care & Per Diem	25.8523	25.8523	590,130
4. Prop Exp & Per Diem	11.8028	11.8028	269,422
5. ROE/Use Per Diem	0.2833	0.2833	6,468
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	8,437.00	5,953.00	14,390.00
3. Staffing Percent	0.5863	0.4137	1.0000
4. Allocation of Direct Care	2,013,596.47	1,420,758.53	3,434,355.00
5. Direct Care Expense Per Diem	119.3313	238.6626	
C. Additional Services Expense			
1. Medicaid Inpatient Days	16,874	5,953	22,827
2. Additional Services	149,138	52,614	201,752
3. Additional Services Exp & Per Diem	8.8383	8.8382	
D. Medicaid Per Diem Cost			
1.Operating Component	67.2774	67.2774	1,535,742
2. Resident Care Component	154.0219	273.3531	4,226,237
3. Property Cost Component	11.8028	11.8028	269,422
4. ROE/Use Allow Component	0.2833	0.2833	6,468
5. Total Cost Per Diem	233.3854	352.7166	6,037,869

Resident Care Component Per-Diem Calculation

Facility Name: Sandy Park Development Center

Provider Number: 28000300

FYE: 12/31/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.8523	25.8523	A3D Allowable Resident Care Exp	590,130
B5 Allocation of D/C Expenses	119.3313	238.6626	B4 Allocation of D/C Expenses	3,434,355
C3 Additional Services per Diem	8.8383	8.8382	C2 Additional Services per Diem	201,752
Total Resident Care Component	154.0219	273.3531	Total Resident Care Component	4,226,237

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 28018601

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,098	7,067	8,165
2. Operating Expenses component			
A. Administration			526,537
B. Plant Operation			239,704
C. Laundry			706
D. Housekeeping			75,068
E. Operating Expense Component & Per Diem	103.1249	103.1249	842,015
3. Resident Care			
A. Dietary			215,794
B. Other			134,960
C. Nursing			609,407
D. Resident Care & Per Diem	117.5947	117.5947	960,161
4. Prop Exp & Per Diem	14.2421	14.2421	116,287
5. ROE/Use Per Diem	2.3576	2.3576	19,250
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	549.00	7,067.00	7,616.00
3. Staffing Percent	0.0721	0.9279	1.0000
4. Allocation of Direct Care	115,507.91	1,486,875.09	1,602,383.00
5. Direct Care Expense Per Diem	105.1985	210.3969	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,098	7,067	8,165
2. Additional Services	9,849	63,390	73,239
3. Additional Services Exp & Per Diem	8.9699	8.9699	
D. Medicaid Per Diem Cost			
1. Operating Component	103.1249	103.1249	842,015
2. Resident Care Component	231.7631	336.9615	2,635,783
3. Property Cost Component	14.2421	14.2421	116,287
4. ROE/Use Allow Component	2.3576	2.3576	19,250
5. Total Cost Per Diem	351.4877	456.6861	3,613,335

Resident Care Component Per-Diem Calculation

Facility Name: St. Petersburg Cluster (Sunrise)

Provider Number: 28018601

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	117.5947	117.5947	A3D Allowable Resident Care Exp	960,161
B5 Allocation of D/C Expenses	105.1985	210.3969	B4 Allocation of D/C Expenses	1,602,383
C3 Additional Services per Diem	8.9699	8.9699	C2 Additional Services per Diem	73,239
Total Resident Care Component	231.7631	336.9615	Total Resident Care Component	2,635,783

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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) 07/2021 to 7/2021

Provider Name: **Laurel Hill Cluster**
 Provider Number: 28019401
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,533	8,533
2. Operating Expenses component			
A. Administration			784,211
B. Plant Operation			193,948
C. Laundry			22,955
D. Housekeeping			43,904
E. Operating Expense Component & Per Diem	122.4678	122.4678	1,045,018
3. Resident Care			
A. Dietary			185,109
B. Other			183,723
C. Nursing			1,108,171
D. Resident Care & Per Diem	173.0931	173.0931	1,477,003
4. Prop Exp & Per Diem	19.3463	19.3463	165,082
5. ROE/Use Per Diem	1.4261	1.4261	12,169
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,533.00	8,533.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,669,188.00	1,669,188.00
5. Direct Care Expense Per Diem	97.8078	195.6156	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,533	8,533
2. Additional Services	0	47,907	47,907
3. Additional Services Exp & Per Diem	5.6143	5.6143	
D. Medicaid Per Diem Cost			
1.Operating Component	122.4678	122.4678	1,045,018
2. Resident Care Component	276.5152	374.3230	3,194,098
3. Property Cost Component	19.3463	19.3463	165,082
4. ROE/Use Allow Component	1.4261	1.4261	12,169
5. Total Cost Per Diem	419.7554	517.5632	4,416,367

Resident Care Component Per-Diem Calculation

Facility Name: Laurel Hill Cluster

Provider Number: 28019401
FYE: 09/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	173.0931	173.0931	A3D Allowable Resident Care Exp	1,477,003
B5 Allocation of D/C Expenses	97.8078	195.6156	B4 Allocation of D/C Expenses	1,669,188
C3 Additional Services per Diem	5.6143	5.6143	C2 Additional Services per Diem	47,907
Total Resident Care Component	276.5152	374.3230	Total Resident Care Component	3,194,098

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028020801

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 28020801

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,070	7,330	9,400
2. Operating Expenses component			
A. Administration			554,377
B. Plant Operation			194,329
C. Laundry			2,689
D. Housekeeping			30,576
E. Operating Expense Component & Per Diem	83.1884	83.1884	781,971
3. Resident Care			
A. Dietary			155,279
B. Other			174,480
C. Nursing			579,000
D. Resident Care & Per Diem	96.6765	96.6765	908,759
4. Prop Exp & Per Diem	16.1470	16.1470	151,782
5. ROE/Use Per Diem	2.6956	2.6956	25,339
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,035.00	7,330.00	8,365.00
3. Staffing Percent	0.1237	0.8763	1.0000
4. Allocation of Direct Care	309,888.54	2,194,669.46	2,504,558.00
5. Direct Care Expense Per Diem	149.7046	299.4092	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,070	7,330	9,400
2. Additional Services	24,727	87,560	112,287
3. Additional Services Exp & Per Diem	11.9454	11.9454	
D. Medicaid Per Diem Cost			
1. Operating Component	83.1884	83.1884	781,971
2. Resident Care Component	258.3265	408.0311	3,525,604
3. Property Cost Component	16.1470	16.1470	151,782
4. ROE/Use Allow Component	2.6956	2.6956	25,339
5. Total Cost Per Diem	360.3575	510.0621	4,484,696

Resident Care Component Per-Diem Calculation

Facility Name: McCauley Cluster (Sunrise)

Provider Number: 28020801

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	96.6765	96.6765	A3D Allowable Resident Care Exp	908,759
B5 Allocation of D/C Expenses	149.7046	299.4092	B4 Allocation of D/C Expenses	2,504,558
C3 Additional Services per Diem	11.9454	11.9454	C2 Additional Services per Diem	112,287
Total Resident Care Component	258.3265	408.0311	Total Resident Care Component	3,525,604

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028028301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Greentree Court Cluster (Sunrise)	Cost Report Entered By :	Cox, Lauren
Provider Number:	28028301	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	1,096	6,951	8,047
2. Operating Expenses component			
A. Administration			544,929
B. Plant Operation			207,345
C. Laundry			2,815
D. Housekeeping			83,961
E. Operating Expense Component & Per Diem	104.2687	104.2687	839,050
3. Resident Care			
A. Dietary			182,563
B. Other			94,356
C. Nursing			661,102
D. Resident Care & Per Diem	116.5678	116.5678	938,021
4. Prop Exp & Per Diem	13.7800	13.7800	110,888
5. ROE/Use Per Diem	2.0057	2.0057	16,140
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	548.00	6,951.00	7,499.00
3. Staffing Percent	0.0731	0.9269	1.0000
4. Allocation of Direct Care	116,788.38	1,481,379.62	1,598,168.00
5. Direct Care Expense Per Diem	106.5587	213.1175	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,098	6,951	8,049
2. Additional Services	13,126	83,099	96,225
3. Additional Services Exp & Per Diem	11.9545	11.9550	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	104.2687	104.2687	839,050
2. Resident Care Component	235.0810	341.6403	2,632,414
3. Property Cost Component	13.7800	13.7800	110,888
4. ROE/Use Allow Component	2.0057	2.0057	16,140
5. Total Cost Per Diem	355.1354	461.6947	3,598,492

Resident Care Component Per-Diem Calculation

Facility Name: Greentree Court Cluster (Sunrise)

Provider Number: 28028301

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	116.5678	116.5678	A3D Allowable Resident Care Exp	938,021
B5 Allocation of D/C Expenses	106.5587	213.1175	B4 Allocation of D/C Expenses	1,598,168
C3 Additional Services per Diem	11.9545	11.9550	C2 Additional Services per Diem	96,225
Total Resident Care Component	235.0810	341.6403	Total Resident Care Component	2,632,414

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Florida Agency For Health Care Administration

028029101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 28029101

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	3,660	6,203	9,863
2. Operating Expenses component			
A. Administration			520,165
B. Plant Operation			197,419
C. Laundry			6,896
D. Housekeeping			61,782
E. Operating Expense Component & Per Diem	79.7183	79.7183	786,262
3. Resident Care			
A. Dietary			162,457
B. Other			223,124
C. Nursing			696,997
D. Resident Care & Per Diem	109.7615	109.7615	1,082,578
4. Prop Exp & Per Diem	11.4243	11.4243	112,678
5. ROE/Use Per Diem	2.0875	2.0875	20,589
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,830.00	6,203.00	8,033.00
3. Staffing Percent	0.2278	0.7722	1.0000
4. Allocation of Direct Care	496,578.80	1,683,212.20	2,179,791.00
5. Direct Care Expense Per Diem	135.6773	271.3545	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,660	6,203	9,863
2. Additional Services	47,006	79,666	126,672
3. Additional Services Exp & Per Diem	12.8432	12.8431	
D. Medicaid Per Diem Cost			
1.Operating Component	79.7183	79.7183	786,262
2. Resident Care Component	258.2820	393.9591	3,389,041
3. Property Cost Component	11.4243	11.4243	112,678
4. ROE/Use Allow Component	2.0875	2.0875	20,589
5. Total Cost Per Diem	351.5121	487.1892	4,308,570

Resident Care Component Per-Diem Calculation

Facility Name: Mahan Cluster (Sunrise)

Provider Number: 28029101

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	109.7615	109.7615	A3D Allowable Resident Care Exp	1,082,578
B5 Allocation of D/C Expenses	135.6773	271.3545	B4 Allocation of D/C Expenses	2,179,791
C3 Additional Services per Diem	12.8432	12.8431	C2 Additional Services per Diem	126,672
Total Resident Care Component	258.2820	393.9591	Total Resident Care Component	3,389,041

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Lake City Cluster**
 Provider Number: 28030501
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2021
 Cost Report : 7/1/2018 - 6/30/2019
 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	7,780	8,145
2. Operating Expenses component			
A. Administration			381,784
B. Plant Operation			119,937
C. Laundry			68,571
D. Housekeeping			8,597
E. Operating Expense Component & Per Diem	71.0729	71.0729	578,889
3. Resident Care			
A. Dietary			175,944
B. Other			0
C. Nursing			307,430
D. Resident Care & Per Diem	59.3461	59.3461	483,374
4. Prop Exp & Per Diem	8.9309	8.9309	72,742
5. ROE/Use Per Diem	1.2863	1.2863	10,477
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	182.50	7,780.00	7,962.50
3. Staffing Percent	0.0229	0.9771	1.0000
4. Allocation of Direct Care	23,054.73	982,826.27	1,005,881.00
5. Direct Care Expense Per Diem	63.1636	126.3273	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	7,780	8,145
2. Additional Services	7,912	168,692	176,604
3. Additional Services Exp & Per Diem	21.6767	21.6828	
D. Medicaid Per Diem Cost			
1.Operating Component	71.0729	71.0729	578,889
2. Resident Care Component	144.1864	207.3562	1,665,859
3. Property Cost Component	8.9309	8.9309	72,742
4. ROE/Use Allow Component	1.2863	1.2863	10,477
5. Total Cost Per Diem	225.4765	288.6463	2,327,967

Resident Care Component Per-Diem Calculation

Facility Name: Lake City Cluster

Provider Number: 28030501

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.3461	59.3461	A3D Allowable Resident Care Exp	483,374
B5 Allocation of D/C Expenses	63.1636	126.3273	B4 Allocation of D/C Expenses	1,005,881
C3 Additional Services per Diem	21.6767	21.6828	C2 Additional Services per Diem	176,604
Total Resident Care Component	144.1864	207.3562	Total Resident Care Component	1,665,859

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028031301

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2019 to 7/2021

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28031301

Rate Semester : July, 2021

Audit Status: Unaudited Costs

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

Date: 7/9/2021

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) 07/2020 to 7/2021

Provider Name:	Gainesville 39th Avenue Cluster (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28032101	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/9/2021	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	7,936	7,936
2. Operating Expenses component			
A. Administration			416,125
B. Plant Operation			141,992
C. Laundry			4,639
D. Housekeeping			5,008
E. Operating Expense Component & Per Diem	71.5428	71.5428	567,764
3. Resident Care			
A. Dietary			192,295
B. Other			0
C. Nursing			505,026
D. Resident Care & Per Diem	87.8681	87.8681	697,321
4. Prop Exp & Per Diem	8.0817	8.0817	64,136
5. ROE/Use Per Diem	1.2644	1.2644	10,034
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	7,936.00	7,936.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	908,039.00	908,039.00
5. Direct Care Expense Per Diem	57.2101	114.4202	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,936	7,936
2. Additional Services	0	234,896	234,896
3. Additional Services Exp & Per Diem	29.5988	29.5988	
D. Medicaid Per Diem Cost			
1.Operating Component	71.5428	71.5428	567,764
2. Resident Care Component	174.6770	231.8871	1,840,256
3. Property Cost Component	8.0817	8.0817	64,136
4. ROE/Use Allow Component	1.2644	1.2644	10,034
5. Total Cost Per Diem	255.5659	312.7760	2,482,190

Resident Care Component Per-Diem Calculation

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

Provider Number: 28032101
FYE: 06/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	87.8681	87.8681	A3D Allowable Resident Care Exp	697,321
B5 Allocation of D/C Expenses	57.2101	114.4202	B4 Allocation of D/C Expenses	908,039
C3 Additional Services per Diem	29.5988	29.5988	C2 Additional Services per Diem	234,896
Total Resident Care Component	174.6770	231.8871	Total Resident Care Component	1,840,256

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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) 07/2021 to 7/2021

Provider Name: **PARC Center Apartments**

Cost Report Entered By : Cox, Lauren

Provider Number: 28035600

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,299	7,188	17,487
2. Operating Expenses component			
A. Administration			1,287,163
B. Plant Operation			203,144
C. Laundry			16,014
D. Housekeeping			73,468
E. Operating Expense Component & Per Diem	90.3408	90.3408	1,579,789
3. Resident Care			
A. Dietary			503,878
B. Other			0
C. Nursing			740,540
D. Resident Care & Per Diem	71.1625	71.1625	1,244,418
4. Prop Exp & Per Diem	13.2155	13.2155	231,100
5. ROE/Use Per Diem	0.5606	0.5606	9,804
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,149.50	7,188.00	12,337.50
3. Staffing Percent	0.4174	0.5826	1.0000
4. Allocation of Direct Care	1,937,882.80	2,705,020.20	4,642,903.00
5. Direct Care Expense Per Diem	188.1622	376.3245	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,299	7,188	17,487
2. Additional Services	147,982	103,281	251,263
3. Additional Services Exp & Per Diem	14.3686	14.3685	
D. Medicaid Per Diem Cost			
1. Operating Component	90.3408	90.3408	1,579,789
2. Resident Care Component	273.6933	461.8555	6,138,584
3. Property Cost Component	13.2155	13.2155	231,100
4. ROE/Use Allow Component	0.5606	0.5606	9,804
5. Total Cost Per Diem	377.8102	565.9724	7,959,277

Resident Care Component Per-Diem Calculation

Facility Name: PARC Center Apartments

Provider Number: 28035600

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	71.1625	71.1625	A3D Allowable Resident Care Exp	1,244,418
B5 Allocation of D/C Expenses	188.1622	376.3245	B4 Allocation of D/C Expenses	4,642,903
C3 Additional Services per Diem	14.3686	14.3685	C2 Additional Services per Diem	251,263
Total Resident Care Component	273.6933	461.8555	Total Resident Care Component	6,138,584

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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) 07/2021 to 7/2021

Provider Name: **Skipper Road Cluster**

Cost Report Entered By : Cox, Lauren

Provider Number: 28036401

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,142	8,142
2. Operating Expenses component			
A. Administration			828,597
B. Plant Operation			236,614
C. Laundry			8,292
D. Housekeeping			43,807
E. Operating Expense Component & Per Diem	137.2280	137.2280	1,117,310
3. Resident Care			
A. Dietary			131,715
B. Other			169,141
C. Nursing			1,384,081
D. Resident Care & Per Diem	206.9439	206.9439	1,684,937
4. Prop Exp & Per Diem	16.5284	16.5284	134,574
5. ROE/Use Per Diem	1.7503	1.7503	14,251
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,142.00	8,142.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,599,062.00	1,599,062.00
5. Direct Care Expense Per Diem	98.1984	196.3967	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,142	8,142
2. Additional Services	0	12,309	12,309
3. Additional Services Exp & Per Diem	1.5118	1.5118	
D. Medicaid Per Diem Cost			
1. Operating Component	137.2280	137.2280	1,117,310
2. Resident Care Component	306.6541	404.8524	3,296,308
3. Property Cost Component	16.5284	16.5284	134,574
4. ROE/Use Allow Component	1.7503	1.7503	14,251
5. Total Cost Per Diem	462.1608	560.3591	4,562,443

Resident Care Component Per-Diem Calculation

Facility Name: Skipper Road Cluster

Provider Number: 28036401

FYE: 09/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	206.9439	206.9439	A3D Allowable Resident Care Exp	1,684,937
B5 Allocation of D/C Expenses	98.1984	196.3967	B4 Allocation of D/C Expenses	1,599,062
C3 Additional Services per Diem	1.5118	1.5118	C2 Additional Services per Diem	12,309
Total Resident Care Component	306.6541	404.8524	Total Resident Care Component	3,296,308

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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) 07/2021 to 7/2021

Provider Name: **Pembroke Pines Cluster**

Cost Report Entered By : Cox, Lauren

Provider Number: 28037201

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	7,238	7,238
2. Operating Expenses component			
A. Administration			373,926
B. Plant Operation			237,701
C. Laundry			0
D. Housekeeping			54,591
E. Operating Expense Component & Per Diem	92.0445	92.0445	666,218
3. Resident Care			
A. Dietary			164,043
B. Other			0
C. Nursing			605,487
D. Resident Care & Per Diem	106.3180	106.3180	769,530
4. Prop Exp & Per Diem	13.6623	13.6623	98,888
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	7,238.00	7,238.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,264,316.00	1,264,316.00
5. Direct Care Expense Per Diem	87.3388	174.6775	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	7,238	7,238
2. Additional Services	0	135,956	135,956
3. Additional Services Exp & Per Diem	18.7836	18.7836	
D. Medicaid Per Diem Cost			
1.Operating Component	92.0445	92.0445	666,218
2. Resident Care Component	212.4404	299.7791	2,169,802
3. Property Cost Component	13.6623	13.6623	98,888
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	318.1472	405.4859	2,934,908

Resident Care Component Per-Diem Calculation

Facility Name: Pembroke Pines Cluster

Provider Number: 28037201
FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	106.3180	106.3180	A3D Allowable Resident Care Exp	769,530
B5 Allocation of D/C Expenses	87.3388	174.6775	B4 Allocation of D/C Expenses	1,264,316
C3 Additional Services per Diem	18.7836	18.7836	C2 Additional Services per Diem	135,956
Total Resident Care Component	212.4404	299.7791	Total Resident Care Component	2,169,802

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028038101

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

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

Cost Report Entered By : Berry, Alycia

Provider Number: 28038101

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2018 - 6/30/2019

Date: 7/9/2021

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	8,328	8,328
2. Operating Expenses component			
A. Administration			397,204
B. Plant Operation			178,902
C. Laundry			60,201
D. Housekeeping			7,175
E. Operating Expense Component & Per Diem	77.2673	77.2673	643,482
3. Resident Care			
A. Dietary			130,591
B. Other			0
C. Nursing			336,615
D. Resident Care & Per Diem	56.1006	56.1006	467,206
4. Prop Exp & Per Diem	6.3277	6.3277	52,697
5. ROE/Use Per Diem	1.0321	1.0321	8,595
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,328.00	8,328.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,000,312.00	1,000,312.00
5. Direct Care Expense Per Diem	60.0572	120.1143	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,328	8,328
2. Additional Services	0	162,760	162,760
3. Additional Services Exp & Per Diem	19.5437	19.5437	
D. Medicaid Per Diem Cost			
1. Operating Component	77.2673	77.2673	643,482
2. Resident Care Component	135.7015	195.7586	1,630,278
3. Property Cost Component	6.3277	6.3277	52,697
4. ROE/Use Allow Component	1.0321	1.0321	8,595
5. Total Cost Per Diem	220.3286	280.3857	2,335,052

Resident Care Component Per-Diem Calculation

Facility Name: Ocala Cluster (Res-Care)

Provider Number: 28038101

FYE: 06/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	56.1006	56.1006	A3D Allowable Resident Care Exp	467,206
B5 Allocation of D/C Expenses	60.0572	120.1143	B4 Allocation of D/C Expenses	1,000,312
C3 Additional Services per Diem	19.5437	19.5437	C2 Additional Services per Diem	162,760
Total Resident Care Component	135.7015	195.7586	Total Resident Care Component	1,630,278

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028040201

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Williams Road Cluster**
 Provider Number: 28040201
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	366	8,026	8,392
2. Operating Expenses component			
A. Administration			797,061
B. Plant Operation			180,197
C. Laundry			2,568
D. Housekeeping			55,923
E. Operating Expense Component & Per Diem	123.4210	123.4210	1,035,749
3. Resident Care			
A. Dietary			178,454
B. Other			213,824
C. Nursing			1,307,192
D. Resident Care & Per Diem	202.5107	202.5107	1,699,470
4. Prop Exp & Per Diem	17.2106	17.2106	144,431
5. ROE/Use Per Diem	1.1866	1.1866	9,958
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	183.00	8,026.00	8,209.00
3. Staffing Percent	0.0223	0.9777	1.0000
4. Allocation of Direct Care	35,492.02	1,556,605.98	1,592,098.00
5. Direct Care Expense Per Diem	96.9727	193.9454	
C. Additional Services Expense			
1. Medicaid Inpatient Days	366	8,026	8,392
2. Additional Services	615	13,476	14,091
3. Additional Services Exp & Per Diem	1.6803	1.6790	
D. Medicaid Per Diem Cost			
1.Operating Component	123.4210	123.4210	1,035,749
2. Resident Care Component	301.1637	398.1351	3,305,659
3. Property Cost Component	17.2106	17.2106	144,431
4. ROE/Use Allow Component	1.1866	1.1866	9,958
5. Total Cost Per Diem	442.9819	539.9533	4,495,797

Resident Care Component Per-Diem Calculation

Facility Name: Williams Road Cluster

Provider Number: 28040201
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	202.5107	202.5107	A3D Allowable Resident Care Exp	1,699,470
B5 Allocation of D/C Expenses	96.9727	193.9454	B4 Allocation of D/C Expenses	1,592,098
C3 Additional Services per Diem	1.6803	1.6790	C2 Additional Services per Diem	14,091
Total Resident Care Component	301.1637	398.1351	Total Resident Care Component	3,305,659

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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) 07/2021 to 7/2021

Provider Name: **MCP 80th Street**
 Provider Number: 28041101
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,508	8,508
2. Operating Expenses component			
A. Administration			527,023
B. Plant Operation			354,610
C. Laundry			27,322
D. Housekeeping			57,785
E. Operating Expense Component & Per Diem	113.6272	113.6272	966,740
3. Resident Care			
A. Dietary			167,556
B. Other			0
C. Nursing			1,092,226
D. Resident Care & Per Diem	148.0703	148.0703	1,259,782
4. Prop Exp & Per Diem	34.4973	34.4973	293,503
5. ROE/Use Per Diem	1.7003	1.7003	14,466
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,508.00	8,508.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,697,118.00	1,697,118.00
5. Direct Care Expense Per Diem	99.7366	199.4732	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,508	8,508
2. Additional Services	0	119,729	119,729
3. Additional Services Exp & Per Diem	14.0725	14.0725	
D. Medicaid Per Diem Cost			
1.Operating Component	113.6272	113.6272	966,740
2. Resident Care Component	261.8794	361.6160	3,076,629
3. Property Cost Component	34.4973	34.4973	293,503
4. ROE/Use Allow Component	1.7003	1.7003	14,466
5. Total Cost Per Diem	411.7042	511.4408	4,351,338

Resident Care Component Per-Diem Calculation

Facility Name: MCP 80th Street

Provider Number: 28041101
FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	148.0703	148.0703	A3D Allowable Resident Care Exp	1,259,782
B5 Allocation of D/C Expenses	99.7366	199.4732	B4 Allocation of D/C Expenses	1,697,118
C3 Additional Services per Diem	14.0725	14.0725	C2 Additional Services per Diem	119,729
Total Resident Care Component	261.8794	361.6160	Total Resident Care Component	3,076,629

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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) 07/2021 to 7/2021

Provider Name: **MCP Braddock**
 Provider Number: 28045301
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,249	8,249
2. Operating Expenses component			
A. Administration			635,339
B. Plant Operation			366,060
C. Laundry			36,306
D. Housekeeping			63,272
E. Operating Expense Component & Per Diem	133.4679	133.4679	1,100,977
3. Resident Care			
A. Dietary			156,424
B. Other			0
C. Nursing			2,058,837
D. Resident Care & Per Diem	268.5490	268.5490	2,215,261
4. Prop Exp & Per Diem	43.1680	43.1680	356,093
5. ROE/Use Per Diem	2.4787	2.4787	20,447
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,249.00	8,249.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,852,989.00	1,852,989.00
5. Direct Care Expense Per Diem	112.3160	224.6320	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,249	8,249
2. Additional Services	0	235,978	235,978
3. Additional Services Exp & Per Diem	28.6069	28.6069	
D. Medicaid Per Diem Cost			
1.Operating Component	133.4679	133.4679	1,100,977
2. Resident Care Component	409.4719	521.7879	4,304,228
3. Property Cost Component	43.1680	43.1680	356,093
4. ROE/Use Allow Component	2.4787	2.4787	20,447
5. Total Cost Per Diem	588.5865	700.9025	5,781,745

Resident Care Component Per-Diem Calculation

Facility Name: MCP Braddock

Provider Number: 28045301
FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	268.5490	268.5490	A3D Allowable Resident Care Exp	2,215,261
B5 Allocation of D/C Expenses	112.3160	224.6320	B4 Allocation of D/C Expenses	1,852,989
C3 Additional Services per Diem	28.6069	28.6069	C2 Additional Services per Diem	235,978
Total Resident Care Component	409.4719	521.7879	Total Resident Care Component	4,304,228

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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) 07/2021 to 7/2021

Provider Name: **MCP 2nd Street**
 Provider Number: 28046101
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,592	8,592
2. Operating Expenses component			
A. Administration			577,841
B. Plant Operation			375,223
C. Laundry			37,179
D. Housekeeping			69,562
E. Operating Expense Component & Per Diem	123.3479	123.3479	1,059,805
3. Resident Care			
A. Dietary			168,502
B. Other			0
C. Nursing			1,247,373
D. Resident Care & Per Diem	164.7899	164.7899	1,415,875
4. Prop Exp & Per Diem	33.2568	33.2568	285,742
5. ROE/Use Per Diem	1.8521	1.8521	15,913
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,592.00	8,592.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,962,563.00	1,962,563.00
5. Direct Care Expense Per Diem	114.2088	228.4175	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,592	8,592
2. Additional Services	0	129,003	129,003
3. Additional Services Exp & Per Diem	15.0143	15.0143	
D. Medicaid Per Diem Cost			
1.Operating Component	123.3479	123.3479	1,059,805
2. Resident Care Component	294.0130	408.2217	3,507,441
3. Property Cost Component	33.2568	33.2568	285,742
4. ROE/Use Allow Component	1.8521	1.8521	15,913
5. Total Cost Per Diem	452.4698	566.6785	4,868,901

Resident Care Component Per-Diem Calculation

Facility Name: MCP 2nd Street

Provider Number: 28046101

FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	164.7899	164.7899	A3D Allowable Resident Care Exp	1,415,875
B5 Allocation of D/C Expenses	114.2088	228.4175	B4 Allocation of D/C Expenses	1,962,563
C3 Additional Services per Diem	15.0143	15.0143	C2 Additional Services per Diem	129,003
Total Resident Care Component	294.0130	408.2217	Total Resident Care Component	3,507,441

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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) 07/2021 to 7/2021

Provider Name: **MCP Sunset**

Cost Report Entered By : Cox, Lauren

Provider Number: 28048801

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,761	8,761
2. Operating Expenses component			
A. Administration			569,622
B. Plant Operation			368,219
C. Laundry			32,825
D. Housekeeping			72,984
E. Operating Expense Component & Per Diem	119.1245	119.1245	1,043,650
3. Resident Care			
A. Dietary			164,114
B. Other			0
C. Nursing			1,151,390
D. Resident Care & Per Diem	150.1545	150.1545	1,315,504
4. Prop Exp & Per Diem	33.9122	33.9122	297,105
5. ROE/Use Per Diem	1.7926	1.7926	15,705
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,761.00	8,761.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,922,411.00	1,922,411.00
5. Direct Care Expense Per Diem	109.7142	219.4283	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,761	8,761
2. Additional Services	0	133,211	133,211
3. Additional Services Exp & Per Diem	15.2050	15.2050	
D. Medicaid Per Diem Cost			
1.Operating Component	119.1245	119.1245	1,043,650
2. Resident Care Component	275.0737	384.7878	3,371,126
3. Property Cost Component	33.9122	33.9122	297,105
4. ROE/Use Allow Component	1.7926	1.7926	15,705
5. Total Cost Per Diem	429.9030	539.6171	4,727,586

Resident Care Component Per-Diem Calculation

Facility Name: MCP Sunset

Provider Number: 28048801

FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	150.1545	150.1545	A3D Allowable Resident Care Exp	1,315,504
B5 Allocation of D/C Expenses	109.7142	219.4283	B4 Allocation of D/C Expenses	1,922,411
C3 Additional Services per Diem	15.2050	15.2050	C2 Additional Services per Diem	133,211
Total Resident Care Component	275.0737	384.7878	Total Resident Care Component	3,371,126

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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) 07/2020 to 7/2021

Provider Name:	Dorchester Cluster (Sunrise)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28049601	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/9/2021	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	3,082	5,591	8,673
2. Operating Expenses component			
A. Administration			413,009
B. Plant Operation			132,127
C. Laundry			2,085
D. Housekeeping			46,456
E. Operating Expense Component & Per Diem	68.4512	68.4512	593,677
3. Resident Care			
A. Dietary			155,916
B. Other			122,832
C. Nursing			578,232
D. Resident Care & Per Diem	98.8101	98.8101	856,980
4. Prop Exp & Per Diem	13.9907	13.9907	121,341
5. ROE/Use Per Diem	2.6156	2.6156	22,685
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,541.00	5,591.00	7,132.00
3. Staffing Percent	0.2161	0.7839	1.0000
4. Allocation of Direct Care	404,423.69	1,467,315.31	1,871,739.00
5. Direct Care Expense Per Diem	131.2212	262.4424	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,082	5,591	8,673
2. Additional Services	28,965	52,544	81,509
3. Additional Services Exp & Per Diem	9.3981	9.3980	
D. Medicaid Per Diem Cost			
1. Operating Component	68.4512	68.4512	593,677
2. Resident Care Component	239.4294	370.6505	2,810,228
3. Property Cost Component	13.9907	13.9907	121,341
4. ROE/Use Allow Component	2.6156	2.6156	22,685
5. Total Cost Per Diem	324.4869	455.7080	3,547,931

Resident Care Component Per-Diem Calculation

Facility Name: Dorchester Cluster (Sunrise)

Provider Number: 28049601

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	98.8101	98.8101	A3D Allowable Resident Care Exp	856,980
B5 Allocation of D/C Expenses	131.2212	262.4424	B4 Allocation of D/C Expenses	1,871,739
C3 Additional Services per Diem	9.3981	9.3980	C2 Additional Services per Diem	81,509
Total Resident Care Component	239.4294	370.6505	Total Resident Care Component	2,810,228

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028059300

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	146th Place Grp Home #10 (Sunrise)	Cost Report Entered By :	Cox, Lauren
Provider Number:	28059300	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			62,922
B. Plant Operation			25,486
C. Laundry			146
D. Housekeeping			1,831
E. Operating Expense Component & Per Diem	41.1589		90,385
3. Resident Care			
A. Dietary			14,983
B. Other			39,381
C. Nursing			0
D. Resident Care & Per Diem	24.7559		54,364
4. Prop Exp & Per Diem	13.5483		29,752
5. ROE/Use Per Diem	1.1744		2,579
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	345,428.00	0.00	345,428.00
5. Direct Care Expense Per Diem	157.2987	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	3,736	0	3,736
3. Additional Services Exp & Per Diem	1.7013	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	41.1589	0.0000	90,385
2. Resident Care Component	183.7559	0.0000	403,528
3. Property Cost Component	13.5483	0.0000	29,752
4. ROE/Use Allow Component	1.1744	0.0000	2,579
5. Total Cost Per Diem	239.6375	0.0000	526,244

Resident Care Component Per-Diem Calculation

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

Provider Number: 28059300

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.7559	0.0000	A3D Allowable Resident Care Exp	54,364
B5 Allocation of D/C Expenses	157.2987	0.0000	B4 Allocation of D/C Expenses	345,428
C3 Additional Services per Diem	1.7013	0.0000	C2 Additional Services per Diem	3,736
Total Resident Care Component	183.7559	0.0000	Total Resident Care Component	403,528

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Resident Care Component Per-Diem Calculation

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

Provider Number: 28062300
FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	32.0491	32.0491	A3D Allowable Resident Care Exp	63,297
B5 Allocation of D/C Expenses	157.5975	210.1300	B4 Allocation of D/C Expenses	357,326
C3 Additional Services per Diem	10.5537	10.5530	C2 Additional Services per Diem	20,843
Total Resident Care Component	200.2003	252.7321	Total Resident Care Component	441,466

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028065800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	22nd Street Grp Home #6 (Sunrise)	Cost Report Entered By :	Cox, Lauren
Provider Number:	28065800	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			61,772
B. Plant Operation			24,837
C. Laundry			487
D. Housekeeping			2,771
E. Operating Expense Component & Per Diem	40.9230		89,867
3. Resident Care			
A. Dietary			18,492
B. Other			44,602
C. Nursing			0
D. Resident Care & Per Diem	28.7313		63,094
4. Prop Exp & Per Diem	11.2536		24,713
5. ROE/Use Per Diem	0.9617		2,112
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	332,610.00	0.00	332,610.00
5. Direct Care Expense Per Diem	151.4617	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	13,456	0	13,456
3. Additional Services Exp & Per Diem	6.1275	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	40.9230	0.0000	89,867
2. Resident Care Component	186.3205	0.0000	409,160
3. Property Cost Component	11.2536	0.0000	24,713
4. ROE/Use Allow Component	0.9617	0.0000	2,112
5. Total Cost Per Diem	239.4588	0.0000	525,852

Resident Care Component Per-Diem Calculation

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

Provider Number: 28065800

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.7313	0.0000	A3D Allowable Resident Care Exp	63,094
B5 Allocation of D/C Expenses	151.4617	0.0000	B4 Allocation of D/C Expenses	332,610
C3 Additional Services per Diem	6.1275	0.0000	C2 Additional Services per Diem	13,456
Total Resident Care Component	186.3205	0.0000	Total Resident Care Component	409,160

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028427100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Fern Park Developmental Center**
 Provider Number: 28427100
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 3/1/2019 - 2/29/2020
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,589	17,240	22,829
2. Operating Expenses component			
A. Administration			1,185,867
B. Plant Operation			403,687
C. Laundry			45,677
D. Housekeeping			123,826
E. Operating Expense Component & Per Diem	77.0536	77.0536	1,759,057
3. Resident Care			
A. Dietary			480,609
B. Other			0
C. Nursing			1,115,813
D. Resident Care & Per Diem	69.9296	69.9296	1,596,422
4. Prop Exp & Per Diem	29.2704	29.2704	668,213
5. ROE/Use Per Diem	0.4542	0.4542	10,368
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,794.50	17,240.00	20,034.50
3. Staffing Percent	0.1395	0.8605	1.0000
4. Allocation of Direct Care	419,189.23	2,586,087.77	3,005,277.00
5. Direct Care Expense Per Diem	75.0025	150.0051	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,589	17,240	22,829
2. Additional Services	44,181	136,282	180,463
3. Additional Services Exp & Per Diem	7.9050	7.9050	
D. Medicaid Per Diem Cost			
1. Operating Component	77.0536	77.0536	1,759,057
2. Resident Care Component	152.8371	227.8397	4,782,162
3. Property Cost Component	29.2704	29.2704	668,213
4. ROE/Use Allow Component	0.4542	0.4542	10,368
5. Total Cost Per Diem	259.6153	334.6179	7,219,800

Resident Care Component Per-Diem Calculation

Facility Name: Fern Park Developmental Center

Provider Number: 28427100

FYE: 02/29/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.9296	69.9296	A3D Allowable Resident Care Exp	1,596,422
B5 Allocation of D/C Expenses	75.0025	150.0051	B4 Allocation of D/C Expenses	3,005,277
C3 Additional Services per Diem	7.9050	7.9050	C2 Additional Services per Diem	180,463
Total Resident Care Component	152.8371	227.8397	Total Resident Care Component	4,782,162

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028500500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Naranja Group Home (Sunrise)**

Cost Report Entered By : Cox, Lauren

Provider Number: 28500500

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 12

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	4,026	0	4,026
2. Operating Expenses component			
A. Administration			106,533
B. Plant Operation			43,196
C. Laundry			1,182
D. Housekeeping			6,203
E. Operating Expense Component & Per Diem	39.0248		157,114
3. Resident Care			
A. Dietary			36,387
B. Other			103,509
C. Nursing			0
D. Resident Care & Per Diem	34.7481		139,896
4. Prop Exp & Per Diem	9.1493		36,835
5. ROE/Use Per Diem	1.2491		5,029
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,013.00	0.00	2,013.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	634,054.00	0.00	634,054.00
5. Direct Care Expense Per Diem	157.4898	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	4,026	0	4,026
2. Additional Services	10,304	0	10,304
3. Additional Services Exp & Per Diem	2.5594	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	39.0248	0.0000	157,114
2. Resident Care Component	194.7973	0.0000	784,254
3. Property Cost Component	9.1493	0.0000	36,835
4. ROE/Use Allow Component	1.2491	0.0000	5,029
5. Total Cost Per Diem	244.2205	0.0000	983,232

Resident Care Component Per-Diem Calculation

Facility Name: Naranja Group Home (Sunrise)

Provider Number: 28500500

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	34.7481	0.0000	A3D Allowable Resident Care Exp	139,896
B5 Allocation of D/C Expenses	157.4898	0.0000	B4 Allocation of D/C Expenses	634,054
C3 Additional Services per Diem	2.5594	0.0000	C2 Additional Services per Diem	10,304
Total Resident Care Component	194.7973	0.0000	Total Resident Care Component	784,254

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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) 07/2021 to 7/2021

Provider Name: **PARC Cottage**
 Provider Number: 28505600
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 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	3,273	2,551	5,824
2. Operating Expenses component			
A. Administration			496,126
B. Plant Operation			67,796
C. Laundry			5,326
D. Housekeeping			22,804
E. Operating Expense Component & Per Diem	101.6573	101.6573	592,052
3. Resident Care			
A. Dietary			174,346
B. Other			0
C. Nursing			249,664
D. Resident Care & Per Diem	72.8039	72.8039	424,010
4. Prop Exp & Per Diem	13.9603	13.9603	81,305
5. ROE/Use Per Diem	1.0975	1.0975	6,392
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,636.50	2,551.00	4,187.50
3. Staffing Percent	0.3908	0.6092	1.0000
4. Allocation of Direct Care	659,641.79	1,028,259.21	1,687,901.00
5. Direct Care Expense Per Diem	201.5404	403.0808	
C. Additional Services Expense			
1. Medicaid Inpatient Days	3,273	2,551	5,824
2. Additional Services	43,843	34,170	78,013
3. Additional Services Exp & Per Diem	13.3954	13.3947	
D. Medicaid Per Diem Cost			
1. Operating Component	101.6573	101.6573	592,052
2. Resident Care Component	287.7397	489.2794	2,189,924
3. Property Cost Component	13.9603	13.9603	81,305
4. ROE/Use Allow Component	1.0975	1.0975	6,392
5. Total Cost Per Diem	404.4548	605.9945	2,869,673

Resident Care Component Per-Diem Calculation

Facility Name: PARC Cottage

Provider Number: 28505600
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	72.8039	72.8039	A3D Allowable Resident Care Exp	424,010
B5 Allocation of D/C Expenses	201.5404	403.0808	B4 Allocation of D/C Expenses	1,687,901
C3 Additional Services per Diem	13.3954	13.3947	C2 Additional Services per Diem	78,013
Total Resident Care Component	287.7397	489.2794	Total Resident Care Component	2,189,924

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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) 07/2018 to 7/2021

Provider Name: **MACtown, Inc.**
 Provider Number: 28512900
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2015 - 9/30/2016
 Days In Reporting Period: 366
 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	19,974	0	19,974
2. Operating Expenses component			
A. Administration			688,781
B. Plant Operation			138,788
C. Laundry			0
D. Housekeeping			0
E. Operating Expense Component & Per Diem	41.4323		827,569
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	11.6567		232,830
5. ROE/Use Per Diem	0.7171		14,324
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	9,987.00	0.00	9,987.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	3,609,712.00	0.00	3,609,712.00
5. Direct Care Expense Per Diem	180.7205	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	19,974	0	19,974
2. Additional Services	41,736	0	41,736
3. Additional Services Exp & Per Diem	2.0895	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	41.4323	0.0000	827,569
2. Resident Care Component	182.8100	0.0000	3,651,448
3. Property Cost Component	11.6567	0.0000	232,830
4. ROE/Use Allow Component	0.7171	0.0000	14,324
5. Total Cost Per Diem	236.6161	0.0000	4,726,171

Resident Care Component Per-Diem Calculation

Facility Name: MACtown, Inc.

Provider Number: 28512900
FYE: 09/30/2016

	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	180.7205	0.0000	B4 Allocation of D/C Expenses	3,609,712
C3 Additional Services per Diem	2.0895	0.0000	C2 Additional Services per Diem	41,736
Total Resident Care Component	182.8100	0.0000	Total Resident Care Component	3,651,448

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 28513700

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/9/2021

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	2,920	8,030	10,950
2. Operating Expenses component			
A. Administration			933,728
B. Plant Operation			204,820
C. Laundry			76,227
D. Housekeeping			135,215
E. Operating Expense Component & Per Diem	123.2868	123.2868	1,349,990
3. Resident Care			
A. Dietary			301,101
B. Other			64,605
C. Nursing			670,910
D. Resident Care & Per Diem	94.6681	94.6681	1,036,616
4. Prop Exp & Per Diem	6.6170	6.6170	72,456
5. ROE/Use Per Diem	2.1311	2.1311	23,336
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,460.00	8,030.00	9,490.00
3. Staffing Percent	0.1538	0.8462	1.0000
4. Allocation of Direct Care	175,734.30	966,538.70	1,142,273.00
5. Direct Care Expense Per Diem	60.1830	120.3660	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,920	8,030	10,950
2. Additional Services	70,939	180,229	251,168
3. Additional Services Exp & Per Diem	24.2942	22.4445	
D. Medicaid Per Diem Cost			
1. Operating Component	123.2868	123.2868	1,349,990
2. Resident Care Component	179.1453	237.4786	2,430,057
3. Property Cost Component	6.6170	6.6170	72,456
4. ROE/Use Allow Component	2.1311	2.1311	23,336
5. Total Cost Per Diem	311.1802	369.5135	3,875,839

Resident Care Component Per-Diem Calculation

Facility Name: New Horizons of NW Florida, Inc.

Provider Number: 28513700
FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.6681	94.6681	A3D Allowable Resident Care Exp	1,036,616
B5 Allocation of D/C Expenses	60.1830	120.3660	B4 Allocation of D/C Expenses	1,142,273
C3 Additional Services per Diem	24.2942	22.4445	C2 Additional Services per Diem	251,168
Total Resident Care Component	179.1453	237.4786	Total Resident Care Component	2,430,057

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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) 07/2021 to 7/2021

Provider Name: **BARC Housing, Inc.**
 Provider Number: 28519600
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 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	13,171	0	13,171
2. Operating Expenses component			
A. Administration			1,036,973
B. Plant Operation			264,597
C. Laundry			3,096
D. Housekeeping			38,207
E. Operating Expense Component & Per Diem	101.9568		1,342,873
3. Resident Care			
A. Dietary			373,037
B. Other			586,794
C. Nursing			279,909
D. Resident Care & Per Diem	94.1265		1,239,740
4. Prop Exp & Per Diem	16.6483		219,275
5. ROE/Use Per Diem	0.6100		8,034
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	6,585.50	0.00	6,585.50
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	1,603,222.00	0.00	1,603,222.00
5. Direct Care Expense Per Diem	121.7236	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	13,171	0	13,171
2. Additional Services	105,884	0	105,884
3. Additional Services Exp & Per Diem	8.0392	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	101.9568	0.0000	1,342,873
2. Resident Care Component	223.8893	0.0000	2,948,846
3. Property Cost Component	16.6483	0.0000	219,275
4. ROE/Use Allow Component	0.6100	0.0000	8,034
5. Total Cost Per Diem	343.1044	0.0000	4,519,028

Resident Care Component Per-Diem Calculation

Facility Name: BARC Housing, Inc.

Provider Number: 28519600
FYE: 09/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	94.1265	0.0000	A3D Allowable Resident Care Exp	1,239,740
B5 Allocation of D/C Expenses	121.7236	0.0000	B4 Allocation of D/C Expenses	1,603,222
C3 Additional Services per Diem	8.0392	0.0000	C2 Additional Services per Diem	105,884
Total Resident Care Component	223.8893	0.0000	Total Resident Care Component	2,948,846

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Florida Agency For Health Care Administration

028521800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 28521800

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 48

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,068	15,190	16,258
2. Operating Expenses component			
A. Administration			462,801
B. Plant Operation			494,010
C. Laundry			25,561
D. Housekeeping			90,764
E. Operating Expense Component & Per Diem	66.0066	66.0066	1,073,136
3. Resident Care			
A. Dietary			315,284
B. Other			0
C. Nursing			1,351,196
D. Resident Care & Per Diem	102.5022	102.5022	1,666,480
4. Prop Exp & Per Diem	19.3735	19.3735	314,974
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	534.00	15,190.00	15,724.00
3. Staffing Percent	0.0340	0.9660	1.0000
4. Allocation of Direct Care	84,849.95	2,413,616.05	2,498,466.00
5. Direct Care Expense Per Diem	79.4475	158.8951	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,068	15,190	16,258
2. Additional Services	81,160	1,154,321	1,235,481
3. Additional Services Exp & Per Diem	75.9925	75.9922	
D. Medicaid Per Diem Cost			
1.Operating Component	66.0066	66.0066	1,073,136
2. Resident Care Component	257.9422	337.3895	5,400,427
3. Property Cost Component	19.3735	19.3735	314,974
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	343.3223	422.7696	6,788,537

Resident Care Component Per-Diem Calculation

Facility Name: Ann Storck Center, Inc.

Provider Number: 28521800
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	102.5022	102.5022	A3D Allowable Resident Care Exp	1,666,480
B5 Allocation of D/C Expenses	79.4475	158.8951	B4 Allocation of D/C Expenses	2,498,466
C3 Additional Services per Diem	75.9925	75.9922	C2 Additional Services per Diem	1,235,481
Total Resident Care Component	257.9422	337.3895	Total Resident Care Component	5,400,427

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028531500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Woodhouse, Inc**
 Provider Number: 28531500
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	0	8,592	8,592
2. Operating Expenses component			
A. Administration			577,841
B. Plant Operation			375,223
C. Laundry			37,179
D. Housekeeping			69,562
E. Operating Expense Component & Per Diem	123.3479	123.3479	1,059,805
3. Resident Care			
A. Dietary			168,502
B. Other			0
C. Nursing			1,247,373
D. Resident Care & Per Diem	164.7899	164.7899	1,415,875
4. Prop Exp & Per Diem	33.2568	33.2568	285,742
5. ROE/Use Per Diem	1.8521	1.8521	15,913
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	0.00	8,592.00	8,592.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,962,563.00	1,962,563.00
5. Direct Care Expense Per Diem	114.2088	228.4175	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,592	8,592
2. Additional Services	0	129,003	129,003
3. Additional Services Exp & Per Diem	15.0143	15.0143	
D. Medicaid Per Diem Cost			
1.Operating Component	123.3479	123.3479	1,059,805
2. Resident Care Component	294.0130	408.2217	3,507,441
3. Property Cost Component	33.2568	33.2568	285,742
4. ROE/Use Allow Component	1.8521	1.8521	15,913
5. Total Cost Per Diem	452.4698	566.6785	4,868,901

Resident Care Component Per-Diem Calculation

Facility Name: Woodhouse, Inc

Provider Number: 28531500
FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	164.7899	164.7899	A3D Allowable Resident Care Exp	1,415,875
B5 Allocation of D/C Expenses	114.2088	228.4175	B4 Allocation of D/C Expenses	1,962,563
C3 Additional Services per Diem	15.0143	15.0143	C2 Additional Services per Diem	129,003
Total Resident Care Component	294.0130	408.2217	Total Resident Care Component	3,507,441

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028533100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Cape Coral Cluster (Sunrise)**
 Provider Number: 28533100
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,983	5,889	7,872
2. Operating Expenses component			
A. Administration			539,445
B. Plant Operation			285,912
C. Laundry			1,528
D. Housekeeping			81,782
E. Operating Expense Component & Per Diem	115.4303	115.4303	908,667
3. Resident Care			
A. Dietary			189,623
B. Other			130,683
C. Nursing			531,604
D. Resident Care & Per Diem	108.2203	108.2203	851,910
4. Prop Exp & Per Diem	24.6334	24.6334	193,914
5. ROE/Use Per Diem	2.8192	2.8192	22,193
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	991.50	5,889.00	6,880.50
3. Staffing Percent	0.1441	0.8559	1.0000
4. Allocation of Direct Care	235,886.50	1,401,044.50	1,636,931.00
5. Direct Care Expense Per Diem	118.9544	237.9087	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,983	5,889	7,872
2. Additional Services	19,186	56,978	76,164
3. Additional Services Exp & Per Diem	9.6752	9.6753	
D. Medicaid Per Diem Cost			
1.Operating Component	115.4303	115.4303	908,667
2. Resident Care Component	236.8499	355.8043	2,565,005
3. Property Cost Component	24.6334	24.6334	193,914
4. ROE/Use Allow Component	2.8192	2.8192	22,193
5. Total Cost Per Diem	379.7328	498.6872	3,689,779

Resident Care Component Per-Diem Calculation

Facility Name: Cape Coral Cluster (Sunrise)

Provider Number: 28533100

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	108.2203	108.2203	A3D Allowable Resident Care Exp	851,910
B5 Allocation of D/C Expenses	118.9544	237.9087	B4 Allocation of D/C Expenses	1,636,931
C3 Additional Services per Diem	9.6752	9.6753	C2 Additional Services per Diem	76,164
Total Resident Care Component	236.8499	355.8043	Total Resident Care Component	2,565,005

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028536600

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Squire Court Community Home (Res-Care)**
 Provider Number: 28536600
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Berry, Alycia
 Rate Semester : July, 2021
 Cost Report : 7/1/2018 - 6/30/2019
 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			64,413
B. Plant Operation			27,836
C. Laundry			596
D. Housekeeping			3,465
E. Operating Expense Component & Per Diem	43.9772	43.9772	96,310
3. Resident Care			
A. Dietary			20,061
B. Other			0
C. Nursing			39,238
D. Resident Care & Per Diem	27.0772	27.0772	59,299
4. Prop Exp & Per Diem	7.8781	7.8781	17,253
5. ROE/Use Per Diem	0.5347	0.5347	1,171
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	32,605.96	217,373.04	249,979.00
5. Direct Care Expense Per Diem	89.3314	119.1085	
C. Additional Services Expense			
1. Medicaid Inpatient Days	365	1,825	2,190
2. Additional Services	22,743	113,688	136,431
3. Additional Services Exp & Per Diem	62.3096	62.2948	
D. Medicaid Per Diem Cost			
1.Operating Component	43.9772	43.9772	96,310
2. Resident Care Component	178.7182	208.4805	445,709
3. Property Cost Component	7.8781	7.8781	17,253
4. ROE/Use Allow Component	0.5347	0.5347	1,171
5. Total Cost Per Diem	231.1082	260.8705	560,443

Resident Care Component Per-Diem Calculation

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

Provider Number: 28536600

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	27.0772	27.0772	A3D Allowable Resident Care Exp	59,299
B5 Allocation of D/C Expenses	89.3314	119.1085	B4 Allocation of D/C Expenses	249,979
C3 Additional Services per Diem	62.3096	62.2948	C2 Additional Services per Diem	136,431
Total Resident Care Component	178.7182	208.4805	Total Resident Care Component	445,709

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028537400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name:	Bayview Community Home (Res-Care)	Cost Report Entered By :	Berry, Alycia
Provider Number:	28537400	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2018 - 6/30/2019
Date:	7/9/2021	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	2,145	0	2,145
2. Operating Expenses component			
A. Administration			63,354
B. Plant Operation			26,976
C. Laundry			441
D. Housekeeping			3,041
E. Operating Expense Component & Per Diem	43.7352		93,812
3. Resident Care			
A. Dietary			20,691
B. Other			0
C. Nursing			34,299
D. Resident Care & Per Diem	25.6364		54,990
4. Prop Exp & Per Diem	7.5800		16,259
5. ROE/Use Per Diem	0.4872		1,045
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,608.75	0.00	1,608.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	243,856.00	0.00	243,856.00
5. Direct Care Expense Per Diem	113.6858	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,145	0	2,145
2. Additional Services	128,559	0	128,559
3. Additional Services Exp & Per Diem	59.9343	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	43.7352	0.0000	93,812
2. Resident Care Component	199.2565	0.0000	427,405
3. Property Cost Component	7.5800	0.0000	16,259
4. ROE/Use Allow Component	0.4872	0.0000	1,045
5. Total Cost Per Diem	251.0589	0.0000	538,521

Resident Care Component Per-Diem Calculation

Facility Name: Bayview Community Home (Res-Care)

Provider Number: 28537400

FYE: 06/30/2019

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.6364	0.0000	A3D Allowable Resident Care Exp	54,990
B5 Allocation of D/C Expenses	113.6858	0.0000	B4 Allocation of D/C Expenses	243,856
C3 Additional Services per Diem	59.9343	0.0000	C2 Additional Services per Diem	128,559
Total Resident Care Component	199.2565	0.0000	Total Resident Care Component	427,405

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Florida Agency For Health Care Administration

028539100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	Hendricks	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28539100	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	6/1/2019 - 5/31/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,685	6,022	8,707
2. Operating Expenses component			
A. Administration			642,601
B. Plant Operation			316,433
C. Laundry			5,547
D. Housekeeping			48,880
E. Operating Expense Component & Per Diem	116.3961	116.3961	1,013,461
3. Resident Care			
A. Dietary			392,032
B. Other			0
C. Nursing			423,097
D. Resident Care & Per Diem	93.6177	93.6177	815,129
4. Prop Exp & Per Diem	60.5809	60.5809	527,478
5. ROE/Use Per Diem	1.9420	1.9420	16,909
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,342.50	6,022.00	7,364.50
3. Staffing Percent	0.1823	0.8177	1.0000
4. Allocation of Direct Care	368,333.54	1,652,219.46	2,020,553.00
5. Direct Care Expense Per Diem	137.1820	274.3639	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,685	6,022	8,707
2. Additional Services	58,458	131,111	189,569
3. Additional Services Exp & Per Diem	21.7721	21.7720	
D. Medicaid Per Diem Cost			
1.Operating Component	116.3961	116.3961	1,013,461
2. Resident Care Component	252.5718	389.7536	3,025,251
3. Property Cost Component	60.5809	60.5809	527,478
4. ROE/Use Allow Component	1.9420	1.9420	16,909
5. Total Cost Per Diem	431.4908	568.6726	4,583,099

Resident Care Component Per-Diem Calculation

Facility Name: Hendricks

Provider Number: 28539100

FYE: 05/31/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	93.6177	93.6177	A3D Allowable Resident Care Exp	815,129
B5 Allocation of D/C Expenses	137.1820	274.3639	B4 Allocation of D/C Expenses	2,020,553
C3 Additional Services per Diem	21.7721	21.7720	C2 Additional Services per Diem	189,569
Total Resident Care Component	252.5718	389.7536	Total Resident Care Component	3,025,251

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028541200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

Provider Name: **Twin Lane Community Home (Res-Care)** Cost Report Entered By : Berry, Alycia
 Provider Number: 28541200 Rate Semester : July, 2021
 Audit Status: Unaudited Costs Cost Report : 7/1/2018 - 6/30/2019
 Date: 7/9/2021 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			64,320
B. Plant Operation			21,881
C. Laundry			497
D. Housekeeping			2,601
E. Operating Expense Component & Per Diem	40.7758	40.7758	89,299
3. Resident Care			
A. Dietary			19,605
B. Other			0
C. Nursing			34,809
D. Resident Care & Per Diem	24.8466	24.8466	54,414
4. Prop Exp & Per Diem	14.8187	14.8187	32,453
5. ROE/Use Per Diem	0.8269	0.8269	1,811
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	103,011.43	137,348.57	240,360.00
5. Direct Care Expense Per Diem	94.0744	125.4325	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,095	1,095	2,190
2. Additional Services	66,264	66,264	132,528
3. Additional Services Exp & Per Diem	60.5151	60.5151	
D. Medicaid Per Diem Cost			
1. Operating Component	40.7758	40.7758	89,299
2. Resident Care Component	179.4361	210.7942	427,302
3. Property Cost Component	14.8187	14.8187	32,453
4. ROE/Use Allow Component	0.8269	0.8269	1,811
5. Total Cost Per Diem	235.8575	267.2156	550,865

Resident Care Component Per-Diem Calculation

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

Provider Number: 28541200

FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	24.8466	24.8466	A3D Allowable Resident Care Exp	54,414
B5 Allocation of D/C Expenses	94.0744	125.4325	B4 Allocation of D/C Expenses	240,360
C3 Additional Services per Diem	60.5151	60.5151	C2 Additional Services per Diem	132,528
Total Resident Care Component	179.4361	210.7942	Total Resident Care Component	427,302

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028547100

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	62nd Place Grp Home #17 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28547100	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,991	0	1,991
2. Operating Expenses component			
A. Administration			71,699
B. Plant Operation			23,426
C. Laundry			82
D. Housekeeping			5,339
E. Operating Expense Component & Per Diem	50.5003		100,546
3. Resident Care			
A. Dietary			23,505
B. Other			39,269
C. Nursing			11,951
D. Resident Care & Per Diem	37.5314		74,725
4. Prop Exp & Per Diem	12.7137		25,313
5. ROE/Use Per Diem	1.5319		3,050
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,493.25	0.00	1,493.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	430,601.00	0.00	430,601.00
5. Direct Care Expense Per Diem	216.2737	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,991	0	1,991
2. Additional Services	509	0	509
3. Additional Services Exp & Per Diem	0.2557	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	50.5003	0.0000	100,546
2. Resident Care Component	254.0608	0.0000	505,835
3. Property Cost Component	12.7137	0.0000	25,313
4. ROE/Use Allow Component	1.5319	0.0000	3,050
5. Total Cost Per Diem	318.8067	0.0000	634,744

Resident Care Component Per-Diem Calculation

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

Provider Number: 28547100

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.5314	0.0000	A3D Allowable Resident Care Exp	74,725
B5 Allocation of D/C Expenses	216.2737	0.0000	B4 Allocation of D/C Expenses	430,601
C3 Additional Services per Diem	0.2557	0.0000	C2 Additional Services per Diem	509
Total Resident Care Component	254.0608	0.0000	Total Resident Care Component	505,835

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028548000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	138th Court Grp Home #16 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28548000	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,206	841	2,047
2. Operating Expenses component			
A. Administration			63,884
B. Plant Operation			27,398
C. Laundry			169
D. Housekeeping			3,544
E. Operating Expense Component & Per Diem	46.4069	46.4069	94,995
3. Resident Care			
A. Dietary			15,703
B. Other			28,116
C. Nursing			0
D. Resident Care & Per Diem	21.4064	21.4064	43,819
4. Prop Exp & Per Diem	14.4255	14.4255	29,529
5. ROE/Use Per Diem	1.3170	1.3170	2,696
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	904.50	841.00	1,745.50
3. Staffing Percent	0.5182	0.4818	1.0000
4. Allocation of Direct Care	178,444.82	165,917.18	344,362.00
5. Direct Care Expense Per Diem	147.9642	197.2856	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,206	841	2,047
2. Additional Services	4,461	3,111	7,572
3. Additional Services Exp & Per Diem	3.6990	3.6992	
D. Medicaid Per Diem Cost			
1. Operating Component	46.4069	46.4069	94,995
2. Resident Care Component	173.0696	222.3912	395,753
3. Property Cost Component	14.4255	14.4255	29,529
4. ROE/Use Allow Component	1.3170	1.3170	2,696
5. Total Cost Per Diem	235.2190	284.5406	522,973

Resident Care Component Per-Diem Calculation

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

Provider Number: 28548000

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	21.4064	21.4064	A3D Allowable Resident Care Exp	43,819
B5 Allocation of D/C Expenses	147.9642	197.2856	B4 Allocation of D/C Expenses	344,362
C3 Additional Services per Diem	3.6990	3.6992	C2 Additional Services per Diem	7,572
Total Resident Care Component	173.0696	222.3912	Total Resident Care Component	395,753

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	26th Terrace Grp Home #12 (Sunrise)	Cost Report Entered By :	Samuel, Rydell
Provider Number:	28552800	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,146	929	2,075
2. Operating Expenses component			
A. Administration			77,757
B. Plant Operation			20,355
C. Laundry			214
D. Housekeeping			874
E. Operating Expense Component & Per Diem	47.8072	47.8072	99,200
3. Resident Care			
A. Dietary			16,737
B. Other			35,904
C. Nursing			0
D. Resident Care & Per Diem	25.3692	25.3692	52,641
4. Prop Exp & Per Diem	6.2222	6.2222	12,911
5. ROE/Use Per Diem	1.2540	1.2540	2,602
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	859.50	929.00	1,788.50
3. Staffing Percent	0.4806	0.5194	1.0000
4. Allocation of Direct Care	150,988.46	163,197.54	314,186.00
5. Direct Care Expense Per Diem	131.7526	175.6701	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,146	929	2,075
2. Additional Services	4,137	3,354	7,491
3. Additional Services Exp & Per Diem	3.6099	3.6103	
D. Medicaid Per Diem Cost			
1.Operating Component	47.8072	47.8072	99,200
2. Resident Care Component	160.7317	204.6496	374,318
3. Property Cost Component	6.2222	6.2222	12,911
4. ROE/Use Allow Component	1.2540	1.2540	2,602
5. Total Cost Per Diem	216.0151	259.9330	489,031

Resident Care Component Per-Diem Calculation

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

Provider Number: 28552800

FYE: 06/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	25.3692	25.3692	A3D Allowable Resident Care Exp	52,641
B5 Allocation of D/C Expenses	131.7526	175.6701	B4 Allocation of D/C Expenses	314,186
C3 Additional Services per Diem	3.6099	3.6103	C2 Additional Services per Diem	7,491
Total Resident Care Component	160.7317	204.6496	Total Resident Care Component	374,318

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Country Meadows Grp Home #13 (Sunrise)**
 Provider Number: 28553600
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			93,901
B. Plant Operation			23,514
C. Laundry			178
D. Housekeeping			857
E. Operating Expense Component & Per Diem	53.9390		118,450
3. Resident Care			
A. Dietary			16,715
B. Other			46,271
C. Nursing			0
D. Resident Care & Per Diem	28.6821		62,986
4. Prop Exp & Per Diem	11.6812		25,652
5. ROE/Use Per Diem	1.1926		2,619
<u>B. Direct Care Expense</u>			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	406,163.00	0.00	406,163.00
5. Direct Care Expense Per Diem	184.9558	0.0000	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	2,790	0	2,790
3. Additional Services Exp & Per Diem	1.2705	0.0000	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	53.9390	0.0000	118,450
2. Resident Care Component	214.9084	0.0000	471,939
3. Property Cost Component	11.6812	0.0000	25,652
4. ROE/Use Allow Component	1.1926	0.0000	2,619
5. Total Cost Per Diem	281.7212	0.0000	618,660

Resident Care Component Per-Diem Calculation

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

Provider Number: 28553600

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	28.6821	0.0000	A3D Allowable Resident Care Exp	62,986
B5 Allocation of D/C Expenses	184.9558	0.0000	B4 Allocation of D/C Expenses	406,163
C3 Additional Services per Diem	1.2705	0.0000	C2 Additional Services per Diem	2,790
Total Resident Care Component	214.9084	0.0000	Total Resident Care Component	471,939

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	148th Court Grp Home #20 (Sunrise)	Cost Report Entered By :	Cox, Lauren
Provider Number:	28557900	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	Days In Reporting Period:	366
		Number of Beds:	6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			60,802
B. Plant Operation			21,624
C. Laundry			180
D. Housekeeping			3,233
E. Operating Expense Component & Per Diem	39.0888		85,839
3. Resident Care			
A. Dietary			14,364
B. Other			53,459
C. Nursing			0
D. Resident Care & Per Diem	30.8848		67,823
4. Prop Exp & Per Diem	10.6434		23,373
5. ROE/Use Per Diem	1.0132		2,225
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	330,915.00	0.00	330,915.00
5. Direct Care Expense Per Diem	150.6899	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	2,416	0	2,416
3. Additional Services Exp & Per Diem	1.1002	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	39.0888	0.0000	85,839
2. Resident Care Component	182.6749	0.0000	401,154
3. Property Cost Component	10.6434	0.0000	23,373
4. ROE/Use Allow Component	1.0132	0.0000	2,225
5. Total Cost Per Diem	233.4203	0.0000	512,591

Resident Care Component Per-Diem Calculation

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

Provider Number: 28557900

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.8848	0.0000	A3D Allowable Resident Care Exp	67,823
B5 Allocation of D/C Expenses	150.6899	0.0000	B4 Allocation of D/C Expenses	330,915
C3 Additional Services per Diem	1.1002	0.0000	C2 Additional Services per Diem	2,416
Total Resident Care Component	182.6749	0.0000	Total Resident Care Component	401,154

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Sunrise Oakmont**
 Provider Number: 28558700
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,152	0	2,152
2. Operating Expenses component			
A. Administration			68,612
B. Plant Operation			27,677
C. Laundry			394
D. Housekeeping			2,903
E. Operating Expense Component & Per Diem	46.2760		99,586
3. Resident Care			
A. Dietary			19,330
B. Other			46,243
C. Nursing			11,954
D. Resident Care & Per Diem	36.0256		77,527
4. Prop Exp & Per Diem	12.7379		27,412
5. ROE/Use Per Diem	1.4461		3,112
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,614.00	0.00	1,614.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	411,685.00	0.00	411,685.00
5. Direct Care Expense Per Diem	191.3034	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,152	0	2,152
2. Additional Services	3,580	0	3,580
3. Additional Services Exp & Per Diem	1.6636	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	46.2760	0.0000	99,586
2. Resident Care Component	228.9926	0.0000	492,792
3. Property Cost Component	12.7379	0.0000	27,412
4. ROE/Use Allow Component	1.4461	0.0000	3,112
5. Total Cost Per Diem	289.4526	0.0000	622,902

Resident Care Component Per-Diem Calculation

Facility Name: Sunrise Oakmont

Provider Number: 28558700
FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	36.0256	0.0000	A3D Allowable Resident Care Exp	77,527
B5 Allocation of D/C Expenses	191.3034	0.0000	B4 Allocation of D/C Expenses	411,685
C3 Additional Services per Diem	1.6636	0.0000	C2 Additional Services per Diem	3,580
Total Resident Care Component	228.9926	0.0000	Total Resident Care Component	492,792

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 28559500

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,092	0	2,092
2. Operating Expenses component			
A. Administration			62,812
B. Plant Operation			22,188
C. Laundry			472
D. Housekeeping			4,169
E. Operating Expense Component & Per Diem	42.8494		89,641
3. Resident Care			
A. Dietary			19,358
B. Other			51,250
C. Nursing			12,038
D. Resident Care & Per Diem	39.5057		82,646
4. Prop Exp & Per Diem	7.9034		16,534
5. ROE/Use Per Diem	1.5397		3,221
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,569.00	0.00	1,569.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	364,365.00	0.00	364,365.00
5. Direct Care Expense Per Diem	174.1707	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,092	0	2,092
2. Additional Services	879	0	879
3. Additional Services Exp & Per Diem	0.4202	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	42.8494	0.0000	89,641
2. Resident Care Component	214.0966	0.0000	447,890
3. Property Cost Component	7.9034	0.0000	16,534
4. ROE/Use Allow Component	1.5397	0.0000	3,221
5. Total Cost Per Diem	266.3891	0.0000	557,286

Resident Care Component Per-Diem Calculation

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

Provider Number: 28559500

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	39.5057	0.0000	A3D Allowable Resident Care Exp	82,646
B5 Allocation of D/C Expenses	174.1707	0.0000	B4 Allocation of D/C Expenses	364,365
C3 Additional Services per Diem	0.4202	0.0000	C2 Additional Services per Diem	879
Total Resident Care Component	214.0966	0.0000	Total Resident Care Component	447,890

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028560900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **55th Court Grp Home #15 (Sunrise)**
 Provider Number: 28560900
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,187	0	2,187
2. Operating Expenses component			
A. Administration			64,344
B. Plant Operation			19,884
C. Laundry			493
D. Housekeeping			4,360
E. Operating Expense Component & Per Diem	40.7321		89,081
3. Resident Care			
A. Dietary			17,464
B. Other			52,817
C. Nursing			12,092
D. Resident Care & Per Diem	37.6648		82,373
4. Prop Exp & Per Diem	8.3795		18,326
5. ROE/Use Per Diem	1.4431		3,156
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,640.25	0.00	1,640.25
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	358,034.00	0.00	358,034.00
5. Direct Care Expense Per Diem	163.7101	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,187	0	2,187
2. Additional Services	392	0	392
3. Additional Services Exp & Per Diem	0.1792	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	40.7321	0.0000	89,081
2. Resident Care Component	201.5541	0.0000	440,799
3. Property Cost Component	8.3795	0.0000	18,326
4. ROE/Use Allow Component	1.4431	0.0000	3,156
5. Total Cost Per Diem	252.1088	0.0000	551,362

Resident Care Component Per-Diem Calculation

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

Provider Number: 28560900
FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.6648	0.0000	A3D Allowable Resident Care Exp	82,373
B5 Allocation of D/C Expenses	163.7101	0.0000	B4 Allocation of D/C Expenses	358,034
C3 Additional Services per Diem	0.1792	0.0000	C2 Additional Services per Diem	392
Total Resident Care Component	201.5541	0.0000	Total Resident Care Component	440,799

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Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Wentworth Drive Grp Home #18 (Sunrise)**
 Provider Number: 28561700
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 7/1/2019 - 6/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			72,897
B. Plant Operation			22,266
C. Laundry			159
D. Housekeeping			4,359
E. Operating Expense Component & Per Diem	45.3921		99,681
3. Resident Care			
A. Dietary			22,171
B. Other			55,332
C. Nursing			12,011
D. Resident Care & Per Diem	40.7623		89,514
4. Prop Exp & Per Diem	7.3115		16,056
5. ROE/Use Per Diem	1.4426		3,168
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	433,394.00	0.00	433,394.00
5. Direct Care Expense Per Diem	197.3561	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,198	0	2,198
2. Additional Services	777	0	777
3. Additional Services Exp & Per Diem	0.3535	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	45.3921	0.0000	99,681
2. Resident Care Component	238.4719	0.0000	523,685
3. Property Cost Component	7.3115	0.0000	16,056
4. ROE/Use Allow Component	1.4426	0.0000	3,168
5. Total Cost Per Diem	292.6181	0.0000	642,590

Resident Care Component Per-Diem Calculation

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

Provider Number: 28561700

FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	40.7623	0.0000	A3D Allowable Resident Care Exp	89,514
B5 Allocation of D/C Expenses	197.3561	0.0000	B4 Allocation of D/C Expenses	433,394
C3 Additional Services per Diem	0.3535	0.0000	C2 Additional Services per Diem	777
Total Resident Care Component	238.4719	0.0000	Total Resident Care Component	523,685

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028565000

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Lakeview Court**
 Provider Number: 28565000
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 12/1/2019 - 11/30/2020
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	10,281	12,528	22,809
2. Operating Expenses component			
A. Administration			1,504,630
B. Plant Operation			407,163
C. Laundry			94,683
D. Housekeeping			32,021
E. Operating Expense Component & Per Diem	89.3725	89.3725	2,038,497
3. Resident Care			
A. Dietary			611,396
B. Other			46,426
C. Nursing			1,223,998
D. Resident Care & Per Diem	82.5034	82.5034	1,881,820
4. Prop Exp & Per Diem	19.6952	19.6952	449,228
5. ROE/Use Per Diem	0.0167	0.0167	381
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,140.50	12,528.00	17,668.50
3. Staffing Percent	0.2909	0.7091	1.0000
4. Allocation of Direct Care	847,437.85	2,065,305.15	2,912,743.00
5. Direct Care Expense Per Diem	82.4276	164.8551	
C. Additional Services Expense			
1. Medicaid Inpatient Days	10,281	12,528	22,809
2. Additional Services	617,477	752,432	1,369,909
3. Additional Services Exp & Per Diem	60.0600	60.0600	
D. Medicaid Per Diem Cost			
1. Operating Component	89.3725	89.3725	2,038,497
2. Resident Care Component	224.9910	307.4185	6,164,472
3. Property Cost Component	19.6952	19.6952	449,228
4. ROE/Use Allow Component	0.0167	0.0167	381
5. Total Cost Per Diem	334.0754	416.5029	8,652,578

Resident Care Component Per-Diem Calculation

Facility Name: Lakeview Court

Provider Number: 28565000
FYE: 11/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	82.5034	82.5034	A3D Allowable Resident Care Exp	1,881,820
B5 Allocation of D/C Expenses	82.4276	164.8551	B4 Allocation of D/C Expenses	2,912,743
C3 Additional Services per Diem	60.0600	60.0600	C2 Additional Services per Diem	1,369,909
Total Resident Care Component	224.9910	307.4185	Total Resident Care Component	6,164,472

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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) 07/2021 to 7/2021

Provider Name: **Washington Square**
 Provider Number: 28566800
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 12/1/2019 - 11/30/2020
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,374	19,270	21,644
2. Operating Expenses component			
A. Administration			1,458,715
B. Plant Operation			421,381
C. Laundry			107,531
D. Housekeeping			35,696
E. Operating Expense Component & Per Diem	93.4819	93.4819	2,023,323
3. Resident Care			
A. Dietary			696,854
B. Other			28,829
C. Nursing			1,196,644
D. Resident Care & Per Diem	88.8157	88.8157	1,922,327
4. Prop Exp & Per Diem	20.9537	20.9537	453,522
5. ROE/Use Per Diem	0.1091	0.1091	2,362
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	1,187.00	19,270.00	20,457.00
3. Staffing Percent	0.0580	0.9420	1.0000
4. Allocation of Direct Care	143,067.65	2,322,589.35	2,465,657.00
5. Direct Care Expense Per Diem	60.2644	120.5288	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,374	19,270	21,644
2. Additional Services	158,016	1,282,628	1,440,644
3. Additional Services Exp & Per Diem	66.5611	66.5609	
D. Medicaid Per Diem Cost			
1.Operating Component	93.4819	93.4819	2,023,323
2. Resident Care Component	215.6412	275.9054	5,828,628
3. Property Cost Component	20.9537	20.9537	453,522
4. ROE/Use Allow Component	0.1091	0.1091	2,362
5. Total Cost Per Diem	330.1859	390.4501	8,307,835

Resident Care Component Per-Diem Calculation

Facility Name: Washington Square

Provider Number: 28566800
FYE: 11/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	88.8157	88.8157	A3D Allowable Resident Care Exp	1,922,327
B5 Allocation of D/C Expenses	60.2644	120.5288	B4 Allocation of D/C Expenses	2,465,657
C3 Additional Services per Diem	66.5611	66.5609	C2 Additional Services per Diem	1,440,644
Total Resident Care Component	215.6412	275.9054	Total Resident Care Component	5,828,628

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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) 07/2021 to 7/2021

Provider Name: **Howell Branch Court**
 Provider Number: 28567600
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Samuel, Rydell
 Rate Semester : July, 2021
 Cost Report : 12/1/2019 - 11/30/2020
 Days In Reporting Period: 366
 Number of Beds: 64

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	5,832	16,763	22,595
2. Operating Expenses component			
A. Administration			1,478,138
B. Plant Operation			381,090
C. Laundry			108,013
D. Housekeeping			32,184
E. Operating Expense Component & Per Diem	88.4897	88.4897	1,999,425
3. Resident Care			
A. Dietary			684,108
B. Other			43,065
C. Nursing			1,033,724
D. Resident Care & Per Diem	77.9330	77.9330	1,760,897
4. Prop Exp & Per Diem	21.1274	21.1274	477,374
5. ROE/Use Per Diem	0.0920	0.0920	2,078
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	2,916.00	16,763.00	19,679.00
3. Staffing Percent	0.1482	0.8518	1.0000
4. Allocation of Direct Care	424,911.24	2,442,656.76	2,867,568.00
5. Direct Care Expense Per Diem	72.8586	145.7172	
C. Additional Services Expense			
1. Medicaid Inpatient Days	5,832	16,763	22,595
2. Additional Services	390,242	1,121,677	1,511,919
3. Additional Services Exp & Per Diem	66.9139	66.9139	
D. Medicaid Per Diem Cost			
1.Operating Component	88.4897	88.4897	1,999,425
2. Resident Care Component	217.7055	290.5641	6,140,384
3. Property Cost Component	21.1274	21.1274	477,374
4. ROE/Use Allow Component	0.0920	0.0920	2,078
5. Total Cost Per Diem	327.4146	400.2732	8,619,261

Resident Care Component Per-Diem Calculation

Facility Name: Howell Branch Court

Provider Number: 28567600
FYE: 11/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	77.9330	77.9330	A3D Allowable Resident Care Exp	1,760,897
B5 Allocation of D/C Expenses	72.8586	145.7172	B4 Allocation of D/C Expenses	2,867,568
C3 Additional Services per Diem	66.9139	66.9139	C2 Additional Services per Diem	1,511,919
Total Resident Care Component	217.7055	290.5641	Total Resident Care Component	6,140,384

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028568400

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Samuel, Rydell

Provider Number: 28568400

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 7/1/2019 - 6/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	2,196	0	2,196
2. Operating Expenses component			
A. Administration			62,934
B. Plant Operation			22,907
C. Laundry			241
D. Housekeeping			3,164
E. Operating Expense Component & Per Diem	40.6403		89,246
3. Resident Care			
A. Dietary			16,584
B. Other			51,091
C. Nursing			0
D. Resident Care & Per Diem	30.8174		67,675
4. Prop Exp & Per Diem	11.8843		26,098
5. ROE/Use Per Diem	1.8128		3,981
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,647.00	0.00	1,647.00
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	363,824.00	0.00	363,824.00
5. Direct Care Expense Per Diem	165.6758	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	2,196	0	2,196
2. Additional Services	3,739	0	3,739
3. Additional Services Exp & Per Diem	1.7026	0.0000	
D. Medicaid Per Diem Cost			
1. Operating Component	40.6403	0.0000	89,246
2. Resident Care Component	198.1958	0.0000	435,238
3. Property Cost Component	11.8843	0.0000	26,098
4. ROE/Use Allow Component	1.8128	0.0000	3,981
5. Total Cost Per Diem	252.5332	0.0000	554,563

Resident Care Component Per-Diem Calculation

Facility Name: 157th Terrace (Sunrise)

Provider Number: 28568400
FYE: 06/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	30.8174	0.0000	A3D Allowable Resident Care Exp	67,675
B5 Allocation of D/C Expenses	165.6758	0.0000	B4 Allocation of D/C Expenses	363,824
C3 Additional Services per Diem	1.7026	0.0000	C2 Additional Services per Diem	3,739
Total Resident Care Component	198.1958	0.0000	Total Resident Care Component	435,238

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028569200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name:	145th Street Group Home (Sunrise)	Cost Report Entered By :	Cox, Lauren
Provider Number:	28569200	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	7/1/2019 - 6/30/2020
Date:	7/9/2021	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	0	2,097	2,097
2. Operating Expenses component			
A. Administration			81,340
B. Plant Operation			43,725
C. Laundry			354
D. Housekeeping			3,534
E. Operating Expense Component & Per Diem	61.4940	61.4940	128,953
3. Resident Care			
A. Dietary			17,247
B. Other			48,851
C. Nursing			0
D. Resident Care & Per Diem	31.5203	31.5203	66,098
4. Prop Exp & Per Diem	21.2647	21.2647	44,592
5. ROE/Use Per Diem	2.2613	2.2613	4,742
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	0.00	2,097.00	2,097.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	429,873.00	429,873.00
5. Direct Care Expense Per Diem	102.4972	204.9943	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	2,097	2,097
2. Additional Services	0	29,020	29,020
3. Additional Services Exp & Per Diem	13.8388	13.8388	
D. Medicaid Per Diem Cost			
1.Operating Component	61.4940	61.4940	128,953
2. Resident Care Component	147.8563	250.3534	524,991
3. Property Cost Component	21.2647	21.2647	44,592
4. ROE/Use Allow Component	2.2613	2.2613	4,742
5. Total Cost Per Diem	232.8763	335.3734	703,278

Resident Care Component Per-Diem Calculation

Facility Name: 145th Street Group Home (Sunrise)

Provider Number: 28569200

FYE: 06/30/2020

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	31.5203	31.5203	A3D Allowable Resident Care Exp	66,098
B5 Allocation of D/C Expenses	102.4972	204.9943	B4 Allocation of D/C Expenses	429,873
C3 Additional Services per Diem	13.8388	13.8388	C2 Additional Services per Diem	29,020
Total Resident Care Component	147.8563	250.3534	Total Resident Care Component	524,991

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031256800

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2020 to 7/2021

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

Cost Report Entered By : Berry, Alycia

Provider Number: 31256800

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/9/2021

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	8,487	8,487
2. Operating Expenses component			
A. Administration			518,214
B. Plant Operation			239,988
C. Laundry			0
D. Housekeeping			74,431
E. Operating Expense Component & Per Diem	98.1069	98.1069	832,633
3. Resident Care			
A. Dietary			205,604
B. Other			0
C. Nursing			900,364
D. Resident Care & Per Diem	130.3132	130.3132	1,105,968
4. Prop Exp & Per Diem	14.6103	14.6103	123,998
5. ROE/Use Per Diem	1.3452	1.3452	11,417
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	8,487.00	8,487.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	1,338,126.00	1,338,126.00
5. Direct Care Expense Per Diem	78.8339	157.6677	
C. Additional Services Expense			
1. Medicaid Inpatient Days	0	8,487	8,487
2. Additional Services	0	217,159	217,159
3. Additional Services Exp & Per Diem	25.5873	25.5873	
D. Medicaid Per Diem Cost			
1. Operating Component	98.1069	98.1069	832,633
2. Resident Care Component	234.7344	313.5682	2,661,253
3. Property Cost Component	14.6103	14.6103	123,998
4. ROE/Use Allow Component	1.3452	1.3452	11,417
5. Total Cost Per Diem	348.7968	427.6306	3,629,301

Resident Care Component Per-Diem Calculation

Facility Name: Avon Park Cluster (Mentor)

Provider Number: 31256800

FYE: 09/30/2019

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	130.3132	130.3132	A3D Allowable Resident Care Exp	1,105,968
B5 Allocation of D/C Expenses	78.8339	157.6677	B4 Allocation of D/C Expenses	1,338,126
C3 Additional Services per Diem	25.5873	25.5873	C2 Additional Services per Diem	217,159
Total Resident Care Component	234.7344	313.5682	Total Resident Care Component	2,661,253

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31257600

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,458	6,736	8,194
2. Operating Expenses component			
A. Administration			563,605
B. Plant Operation			181,981
C. Laundry			0
D. Housekeeping			93,742
E. Operating Expense Component & Per Diem	102.4320	102.4320	839,328
3. Resident Care			
A. Dietary			109,308
B. Other			0
C. Nursing			1,123,782
D. Resident Care & Per Diem	150.4869	150.4869	1,233,090
4. Prop Exp & Per Diem	17.6812	17.6812	144,880
5. ROE/Use Per Diem	0.7551	0.7551	6,187
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	729.00	6,736.00	7,465.00
3. Staffing Percent	0.0977	0.9023	1.0000
4. Allocation of Direct Care	111,532.02	1,030,561.98	1,142,094.00
5. Direct Care Expense Per Diem	76.4966	152.9932	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,458	6,736	8,194
2. Additional Services	20,455	94,503	114,958
3. Additional Services Exp & Per Diem	14.0295	14.0295	
D. Medicaid Per Diem Cost			
1. Operating Component	102.4320	102.4320	839,328
2. Resident Care Component	241.0130	317.5096	2,490,142
3. Property Cost Component	17.6812	17.6812	144,880
4. ROE/Use Allow Component	0.7551	0.7551	6,187
5. Total Cost Per Diem	361.8813	438.3779	3,480,537

Resident Care Component Per-Diem Calculation

Facility Name: Eagle Watch Cluster (Mentor)

Provider Number: 31257600
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	150.4869	150.4869	A3D Allowable Resident Care Exp	1,233,090
B5 Allocation of D/C Expenses	76.4966	152.9932	B4 Allocation of D/C Expenses	1,142,094
C3 Additional Services per Diem	14.0295	14.0295	C2 Additional Services per Diem	114,958
Total Resident Care Component	241.0130	317.5096	Total Resident Care Component	2,490,142

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31258400

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	732	7,719	8,451
2. Operating Expenses component			
A. Administration			611,630
B. Plant Operation			288,419
C. Laundry			0
D. Housekeeping			75,650
E. Operating Expense Component & Per Diem	115.4537	115.4537	975,699
3. Resident Care			
A. Dietary			177,523
B. Other			0
C. Nursing			681,038
D. Resident Care & Per Diem	101.5928	101.5928	858,561
4. Prop Exp & Per Diem	19.9217	19.9217	168,358
5. ROE/Use Per Diem	0.9617	0.9617	8,127
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	366.00	7,719.00	8,085.00
3. Staffing Percent	0.0453	0.9547	1.0000
4. Allocation of Direct Care	62,515.66	1,318,465.34	1,380,981.00
5. Direct Care Expense Per Diem	85.4039	170.8078	
C. Additional Services Expense			
1. Medicaid Inpatient Days	732	7,719	8,451
2. Additional Services	6,517	68,725	75,242
3. Additional Services Exp & Per Diem	8.9030	8.9034	
D. Medicaid Per Diem Cost			
1. Operating Component	115.4537	115.4537	975,699
2. Resident Care Component	195.8997	281.3040	2,314,784
3. Property Cost Component	19.9217	19.9217	168,358
4. ROE/Use Allow Component	0.9617	0.9617	8,127
5. Total Cost Per Diem	332.2368	417.6411	3,466,968

Resident Care Component Per-Diem Calculation

Facility Name: Point West Cluster (Mentor)

Provider Number: 31258400

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	101.5928	101.5928	A3D Allowable Resident Care Exp	858,561
B5 Allocation of D/C Expenses	85.4039	170.8078	B4 Allocation of D/C Expenses	1,380,981
C3 Additional Services per Diem	8.9030	8.9034	C2 Additional Services per Diem	75,242
Total Resident Care Component	195.8997	281.3040	Total Resident Care Component	2,314,784

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031259200

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31259200

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	732	7,714	8,446
2. Operating Expenses component			
A. Administration			730,877
B. Plant Operation			184,827
C. Laundry			0
D. Housekeeping			69,814
E. Operating Expense Component & Per Diem	116.6846	116.6846	985,518
3. Resident Care			
A. Dietary			181,167
B. Other			0
C. Nursing			817,217
D. Resident Care & Per Diem	118.2079	118.2079	998,384
4. Prop Exp & Per Diem	22.3126	22.3126	188,452
5. ROE/Use Per Diem	0.9992	0.9992	8,439
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	366.00	7,714.00	8,080.00
3. Staffing Percent	0.0453	0.9547	1.0000
4. Allocation of Direct Care	75,105.19	1,582,954.81	1,658,060.00
5. Direct Care Expense Per Diem	102.6027	205.2054	
C. Additional Services Expense			
1. Medicaid Inpatient Days	732	7,714	8,446
2. Additional Services	5,422	57,135	62,557
3. Additional Services Exp & Per Diem	7.4071	7.4067	
D. Medicaid Per Diem Cost			
1. Operating Component	116.6846	116.6846	985,518
2. Resident Care Component	228.2177	330.8200	2,719,001
3. Property Cost Component	22.3126	22.3126	188,452
4. ROE/Use Allow Component	0.9992	0.9992	8,439
5. Total Cost Per Diem	368.2141	470.8164	3,901,410

Resident Care Component Per-Diem Calculation

Facility Name: Hodges Cluster (Mentor)

Provider Number: 31259200

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	118.2079	118.2079	A3D Allowable Resident Care Exp	998,384
B5 Allocation of D/C Expenses	102.6027	205.2054	B4 Allocation of D/C Expenses	1,658,060
C3 Additional Services per Diem	7.4071	7.4067	C2 Additional Services per Diem	62,557
Total Resident Care Component	228.2177	330.8200	Total Resident Care Component	2,719,001

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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) 07/2020 to 7/2021

Provider Name:	Kinkaid Cluster (Mentor)	Cost Report Entered By :	Berry, Alycia
Provider Number:	31260600	Rate Semester :	July, 2021
Audit Status:	Unaudited Costs	Cost Report :	10/1/2018 - 9/30/2019
Date:	7/9/2021	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	1,370	6,566	7,936
2. Operating Expenses component			
A. Administration			495,098
B. Plant Operation			225,986
C. Laundry			0
D. Housekeeping			83,463
E. Operating Expense Component & Per Diem	101.3794	101.3794	804,547
3. Resident Care			
A. Dietary			161,470
B. Other			0
C. Nursing			631,279
D. Resident Care & Per Diem	99.8928	99.8928	792,749
4. Prop Exp & Per Diem	11.1563	11.1563	88,536
5. ROE/Use Per Diem	2.1028	2.1028	16,688
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	685.00	6,566.00	7,251.00
3. Staffing Percent	0.0945	0.9055	1.0000
4. Allocation of Direct Care	117,765.40	1,128,828.60	1,246,594.00
5. Direct Care Expense Per Diem	85.9601	171.9203	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	1,370	6,566	7,936
2. Additional Services	26,530	127,151	153,681
3. Additional Services Exp & Per Diem	19.3650	19.3651	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	101.3794	101.3794	804,547
2. Resident Care Component	205.2179	291.1782	2,193,024
3. Property Cost Component	11.1563	11.1563	88,536
4. ROE/Use Allow Component	2.1028	2.1028	16,688
5. Total Cost Per Diem	319.8564	405.8167	3,102,795

Resident Care Component Per-Diem Calculation

Facility Name: Kinkaid Cluster (Mentor)

Provider Number: 31260600

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	99.8928	99.8928	A3D Allowable Resident Care Exp	792,749
B5 Allocation of D/C Expenses	85.9601	171.9203	B4 Allocation of D/C Expenses	1,246,594
C3 Additional Services per Diem	19.3650	19.3651	C2 Additional Services per Diem	153,681
Total Resident Care Component	205.2179	291.1782	Total Resident Care Component	2,193,024

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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) 07/2021 to 7/2021

Provider Name: **Flamingo Drive Cluster (Mentor)**
 Provider Number: 31261400
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	16	6,590	6,606
2. Operating Expenses component			
A. Administration			606,029
B. Plant Operation			217,207
C. Laundry			0
D. Housekeeping			74,441
E. Operating Expense Component & Per Diem	135.8881	135.8881	897,677
3. Resident Care			
A. Dietary			143,794
B. Other			0
C. Nursing			843,859
D. Resident Care & Per Diem	149.5085	149.5085	987,653
4. Prop Exp & Per Diem	37.2228	37.2228	245,894
5. ROE/Use Per Diem	2.0480	2.0480	13,529
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	8.00	6,590.00	6,598.00
3. Staffing Percent	0.0012	0.9988	1.0000
4. Allocation of Direct Care	1,652.97	1,361,631.03	1,363,284.00
5. Direct Care Expense Per Diem	103.3105	206.6208	
C. Additional Services Expense			
1. Medicaid Inpatient Days	16	6,590	6,606
2. Additional Services	498	205,011	205,509
3. Additional Services Exp & Per Diem	31.1250	31.1094	
D. Medicaid Per Diem Cost			
1.Operating Component	135.8881	135.8881	897,677
2. Resident Care Component	283.9440	387.2387	2,556,446
3. Property Cost Component	37.2228	37.2228	245,894
4. ROE/Use Allow Component	2.0480	2.0480	13,529
5. Total Cost Per Diem	459.1029	562.3976	3,713,546

Resident Care Component Per-Diem Calculation

Facility Name: Flamingo Drive Cluster (Mentor)

Provider Number: 31261400
FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	149.5085	149.5085	A3D Allowable Resident Care Exp	987,653
B5 Allocation of D/C Expenses	103.3105	206.6208	B4 Allocation of D/C Expenses	1,363,284
C3 Additional Services per Diem	31.1250	31.1094	C2 Additional Services per Diem	205,509
Total Resident Care Component	283.9440	387.2387	Total Resident Care Component	2,556,446

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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) 07/2021 to 7/2021

Provider Name: **Barranger Group Home (Mentor)**
 Provider Number: 31262200
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,801	350	2,151
2. Operating Expenses component			
A. Administration			94,973
B. Plant Operation			27,821
C. Laundry			0
D. Housekeeping			2,571
E. Operating Expense Component & Per Diem	58.2822	58.2822	125,365
3. Resident Care			
A. Dietary			19,233
B. Other			0
C. Nursing			11,063
D. Resident Care & Per Diem	14.0846	14.0846	30,296
4. Prop Exp & Per Diem	20.3352	20.3352	43,741
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,350.75	350.00	1,700.75
3. Staffing Percent	0.7942	0.2058	1.0000
4. Allocation of Direct Care	302,504.46	78,383.54	380,888.00
5. Direct Care Expense Per Diem	167.9647	223.9530	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,801	350	2,151
2. Additional Services	14,785	2,873	17,658
3. Additional Services Exp & Per Diem	8.2093	8.2086	
D. Medicaid Per Diem Cost			
1.Operating Component	58.2822	58.2822	125,365
2. Resident Care Component	190.2586	246.2462	428,842
3. Property Cost Component	20.3352	20.3352	43,741
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	268.8760	324.8636	597,948

Resident Care Component Per-Diem Calculation

Facility Name: Barranger Group Home (Mentor)

Provider Number: 31262200
FYE: 09/30/2020

		R/I & N/M Days			
		R/I	N/M		
				TOTALS	
A3D Allowable Resident Care Exp	14.0846	14.0846	A3D Allowable Resident Care Exp	30,296	
B5 Allocation of D/C Expenses	167.9647	223.9530	B4 Allocation of D/C Expenses	380,888	
C3 Additional Services per Diem	8.2093	8.2086	C2 Additional Services per Diem	17,658	
Total Resident Care Component	190.2586	246.2462	Total Resident Care Component	428,842	

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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) 07/2021 to 7/2021

Provider Name: **Greenridge Group Home (Mentor)**
 Provider Number: 31263100
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,965	0	1,965
2. Operating Expenses component			
A. Administration			69,960
B. Plant Operation			20,879
C. Laundry			0
D. Housekeeping			11,153
E. Operating Expense Component & Per Diem	51.9043		101,992
3. Resident Care			
A. Dietary			5,687
B. Other			0
C. Nursing			5,736
D. Resident Care & Per Diem	5.8132		11,423
4. Prop Exp & Per Diem	22.7720		44,747
5. ROE/Use Per Diem	0.0000		0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2.Total Staffing Required	1,473.75	0.00	1,473.75
3. Staffing Percent	1.0000	0.0000	1.0000
4. Allocation of Direct Care	274,238.00	0.00	274,238.00
5. Direct Care Expense Per Diem	139.5613	0.0000	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,965	0	1,965
2. Additional Services	15,877	0	15,877
3. Additional Services Exp & Per Diem	8.0799	0.0000	
D. Medicaid Per Diem Cost			
1.Operating Component	51.9043	0.0000	101,992
2. Resident Care Component	153.4544	0.0000	301,538
3. Property Cost Component	22.7720	0.0000	44,747
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	228.1307	0.0000	448,277

Resident Care Component Per-Diem Calculation

Facility Name: Greenridge Group Home (Mentor)

Provider Number: 31263100

FYE: 09/30/2020

	No N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	5.8132	0.0000	A3D Allowable Resident Care Exp	11,423
B5 Allocation of D/C Expenses	139.5613	0.0000	B4 Allocation of D/C Expenses	274,238
C3 Additional Services per Diem	8.0799	0.0000	C2 Additional Services per Diem	15,877
Total Resident Care Component	153.4544	0.0000	Total Resident Care Component	301,538

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31264900

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	227	8,364	8,591
2. Operating Expenses component			
A. Administration			590,963
B. Plant Operation			257,816
C. Laundry			0
D. Housekeeping			55,036
E. Operating Expense Component & Per Diem	105.2049	105.2049	903,815
3. Resident Care			
A. Dietary			104,913
B. Other			0
C. Nursing			789,382
D. Resident Care & Per Diem	104.0967	104.0967	894,295
4. Prop Exp & Per Diem	23.2778	23.2778	199,980
5. ROE/Use Per Diem	1.0250	1.0250	8,806
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	113.50	8,364.00	8,477.50
3. Staffing Percent	0.0134	0.9866	1.0000
4. Allocation of Direct Care	17,730.14	1,306,562.86	1,324,293.00
5. Direct Care Expense Per Diem	78.1063	156.2127	
C. Additional Services Expense			
1. Medicaid Inpatient Days	227	8,364	8,591
2. Additional Services	4,940	182,025	186,965
3. Additional Services Exp & Per Diem	21.7621	21.7629	
D. Medicaid Per Diem Cost			
1. Operating Component	105.2049	105.2049	903,815
2. Resident Care Component	203.9651	282.0723	2,405,553
3. Property Cost Component	23.2778	23.2778	199,980
4. ROE/Use Allow Component	1.0250	1.0250	8,806
5. Total Cost Per Diem	333.4728	411.5800	3,518,154

Resident Care Component Per-Diem Calculation

Facility Name: Pensacola Cluster (Mentor)

Provider Number: 31264900

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	104.0967	104.0967	A3D Allowable Resident Care Exp	894,295
B5 Allocation of D/C Expenses	78.1063	156.2127	B4 Allocation of D/C Expenses	1,324,293
C3 Additional Services per Diem	21.7621	21.7629	C2 Additional Services per Diem	186,965
Total Resident Care Component	203.9651	282.0723	Total Resident Care Component	2,405,553

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031265700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31265700

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2018 - 9/30/2019

Date: 7/9/2021

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	880	1,095	1,975
2. Operating Expenses component			
A. Administration			94,581
B. Plant Operation			40,953
C. Laundry			0
D. Housekeeping			9,337
E. Operating Expense Component & Per Diem	73.3524	73.3524	144,871
3. Resident Care			
A. Dietary			19,130
B. Other			0
C. Nursing			56,090
D. Resident Care & Per Diem	38.0861	38.0861	75,220
4. Prop Exp & Per Diem	21.4846	21.4846	42,432
5. ROE/Use Per Diem	0.0516	0.0516	102
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	660.00	1,095.00	1,755.00
3. Staffing Percent	0.3761	0.6239	1.0000
4. Allocation of Direct Care	135,137.54	224,205.46	359,343.00
5. Direct Care Expense Per Diem	153.5654	204.7538	
C. Additional Services Expense			
1. Medicaid Inpatient Days	880	1,095	1,975
2. Additional Services	17,297	21,524	38,821
3. Additional Services Exp & Per Diem	19.6557	19.6566	
D. Medicaid Per Diem Cost			
1. Operating Component	73.3524	73.3524	144,871
2. Resident Care Component	211.3072	262.4965	473,384
3. Property Cost Component	21.4846	21.4846	42,432
4. ROE/Use Allow Component	0.0516	0.0516	102
5. Total Cost Per Diem	306.1958	357.3851	660,789

Resident Care Component Per-Diem Calculation

Facility Name: Caprona Group Home (Mentor)

Provider Number: 31265700

FYE: 09/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	38.0861	38.0861	A3D Allowable Resident Care Exp	75,220
B5 Allocation of D/C Expenses	153.5654	204.7538	B4 Allocation of D/C Expenses	359,343
C3 Additional Services per Diem	19.6557	19.6566	C2 Additional Services per Diem	38,821
Total Resident Care Component	211.3072	262.4965	Total Resident Care Component	473,384

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Florida Agency For Health Care Administration

031266500

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2021 to 7/2021

Provider Name: **Rich Street Group Home (Mentor)**
 Provider Number: 31266500
 Audit Status: Unaudited Costs
 Date: 7/9/2021

Cost Report Entered By : Cox, Lauren
 Rate Semester : July, 2021
 Cost Report : 10/1/2019 - 9/30/2020
 Days In Reporting Period: 366
 Number of Beds: 6

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,767	243	2,010
2. Operating Expenses component			
A. Administration			85,663
B. Plant Operation			27,733
C. Laundry			0
D. Housekeeping			4,969
E. Operating Expense Component & Per Diem	58.8881	58.8881	118,365
3. Resident Care			
A. Dietary			14,117
B. Other			0
C. Nursing			60,619
D. Resident Care & Per Diem	37.1821	37.1821	74,736
4. Prop Exp & Per Diem	25.2532	25.2532	50,759
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.75	1.00	
2. Total Staffing Required	1,325.25	243.00	1,568.25
3. Staffing Percent	0.8451	0.1549	1.0000
4. Allocation of Direct Care	224,924.48	41,242.52	266,167.00
5. Direct Care Expense Per Diem	127.2917	169.7223	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,767	243	2,010
2. Additional Services	28,876	3,971	32,847
3. Additional Services Exp & Per Diem	16.3418	16.3416	
D. Medicaid Per Diem Cost			
1. Operating Component	58.8881	58.8881	118,365
2. Resident Care Component	180.8156	223.2460	373,750
3. Property Cost Component	25.2532	25.2532	50,759
4. ROE/Use Allow Component	0.0000	0.0000	0
5. Total Cost Per Diem	264.9569	307.3873	542,874

Resident Care Component Per-Diem Calculation

Facility Name: Rich Street Group Home (Mentor)

Provider Number: 31266500

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	37.1821	37.1821	A3D Allowable Resident Care Exp	74,736
B5 Allocation of D/C Expenses	127.2917	169.7223	B4 Allocation of D/C Expenses	266,167
C3 Additional Services per Diem	16.3418	16.3416	C2 Additional Services per Diem	32,847
Total Resident Care Component	180.8156	223.2460	Total Resident Care Component	373,750

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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) 07/2021 to 7/2021

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

Cost Report Entered By : Cox, Lauren

Provider Number: 31267300

Rate Semester : July, 2021

Audit Status: Unaudited Costs

Cost Report : 10/1/2019 - 9/30/2020

Date: 7/9/2021

Days In Reporting Period: 366

Number of Beds: 24

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	1,279	6,181	7,460
2. Operating Expenses component			
A. Administration			584,372
B. Plant Operation			176,983
C. Laundry			0
D. Housekeeping			72,624
E. Operating Expense Component & Per Diem	111.7934	111.7934	833,979
3. Resident Care			
A. Dietary			157,604
B. Other			0
C. Nursing			731,542
D. Resident Care & Per Diem	119.1885	119.1885	889,146
4. Prop Exp & Per Diem	27.5590	27.5590	205,590
5. ROE/Use Per Diem	1.5660	1.5660	11,682
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2.Total Staffing Required	639.50	6,181.00	6,820.50
3. Staffing Percent	0.0938	0.9062	1.0000
4. Allocation of Direct Care	129,197.28	1,248,738.72	1,377,936.00
5. Direct Care Expense Per Diem	101.0143	202.0286	
C. Additional Services Expense			
1. Medicaid Inpatient Days	1,279	6,181	7,460
2. Additional Services	32,987	159,416	192,403
3. Additional Services Exp & Per Diem	25.7912	25.7913	
D. Medicaid Per Diem Cost			
1.Operating Component	111.7934	111.7934	833,979
2. Resident Care Component	245.9940	347.0084	2,459,485
3. Property Cost Component	27.5590	27.5590	205,590
4. ROE/Use Allow Component	1.5660	1.5660	11,682
5. Total Cost Per Diem	386.9124	487.9268	3,510,736

Resident Care Component Per-Diem Calculation

Facility Name: Sandpiper Cluster (Mentor)

Provider Number: 31267300

FYE: 09/30/2020

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	119.1885	119.1885	A3D Allowable Resident Care Exp	889,146
B5 Allocation of D/C Expenses	101.0143	202.0286	B4 Allocation of D/C Expenses	1,377,936
C3 Additional Services per Diem	25.7912	25.7913	C2 Additional Services per Diem	192,403
Total Resident Care Component	245.9940	347.0084	Total Resident Care Component	2,459,485

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