



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

028003800 - 2014/04
RI:254.54 / NM:387.57

SUNLAND MARIANNA #1
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028003800
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>261.60</u>	<u>254.54</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>397.40</u>	<u>387.57</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

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

_____ For Information only - No Change in rate



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

028003800

Provider Name: **SUNLAND MARIANNA #1**
 Provider Number: 28003800
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 115

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	36,597	2,443	39,040
2. Operating Expenses Component			
A. Administration			530,307
B. Plant Operation			812,952
C. Laundry			0
D. Housekeeping			116,091
E. Operating Expense Component & Per Diem	37.3809	37.3809	1,459,350
3. Resident Care			
A. Dietary			1,187,690
B. Other			42,325
C. Nursing			744,817
D. Resident Care & Per Diem	50.5848	50.5848	1,974,832
4. Prop Exp & Per Diem	2.6731	2.6731	104,356
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	18,298.50	2,443.00	20,741.50
3. Staffing Percent	88.2216812	11.7783188	100.00
4. Allocation of Direct Care	4,735,129.35	632,178.65	5,367,308.00
5. Direct Care Expense Per Diem	129.3857	258.7714	
C. Additional Services Expense			
1. Medicaid Inpatient Days	36,556	2,443	38,999
2. Additional Services	1,009,538	67,466	1,077,004
3. Additional Services Exp & Per Diem	27.6162	27.6160	
D. Medicaid Per Diem Cost			
1. Operating Component	37.3809	37.3809	1,459,350
2. Resident Care Component	207.5868	336.9723	8,419,144
3. Property Cost Component	2.6731	2.6731	104,356
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	247.6407	377.0263	9,982,850



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028003800 - 2014/04

RI: 254.54

NM: 387.57

SUNLAND MARIANNA #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	37.381	207.587	244.968	37.381	336.972	374.353
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	37.381	207.587	244.968	37.381	336.972	374.353
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	37.381	207.587	244.968	37.381	336.972	374.353
12. Plus: Property Rate Component			2.673			2.673
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			247.641			377.026
15. Prospective Rate: Line 11 x Inflation (1.02817040)	38.434	213.435	251.868	38.434	346.465	384.899
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	38.434	213.435	251.868	38.434	346.465	384.899
19. Property Rate Component			2.673			2.673
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			254.54			387.57
23. Medicaid Days		36,556			2,443	
24. Resident Days		36,597			2,443	
25. Medicaid Utilization		99.89%			100.00%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028004600 - 2014/04
RI:297.36 / NM:409.93

TACACHALE #1
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028004600
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>289.97</u>	<u>297.36</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>403.03</u>	<u>409.93</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028004600

Provider Name: **TACACHALE #1**
 Provider Number: 28004600
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 80

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	2,982	26,183	29,165
2. Operating Expenses Component			
A. Administration			960,579
B. Plant Operation			634,682
C. Laundry			0
D. Housekeeping			142,177
E. Operating Expense Component & Per Diem	59.5727	59.5727	1,737,438
3. Resident Care			
A. Dietary			806,749
B. Other			1,205,140
C. Nursing			0
D. Resident Care & Per Diem	68.9830	68.9830	2,011,889
4. Prop Exp & Per Diem	3.5515	3.5515	103,579
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	1,491.00	26,183.00	27,674.00
3. Staffing Percent	5.3877286	94.6122714	100.00
4. Allocation of Direct Care	329,802.42	5,791,560.58	6,121,363.00
5. Direct Care Expense Per Diem	110.5977	221.1955	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	2,952	26,151	29,103
2. Additional Services	137,570	1,189,644	1,327,214
3. Additional Services Exp & Per Diem	46.6023	45.4913	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.5727	59.5727	1,737,438
2. Resident Care Component	226.1830	335.6698	9,460,466
3. Property Cost Component	3.5515	3.5515	103,579
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	289.3072	398.7940	11,301,483



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028004600 - 2014/04

RI: 297.36

NM: 409.93

TACACHALE #1
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	59.573	226.183	285.756	59.573	335.670	395.243
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	59.573	226.183	285.756	59.573	335.670	395.243
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 82.51%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	59.573	226.183	285.756	59.573	335.670	395.243
12. Plus: Property Rate Component			3.551			3.551
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			289.307			398.794
15. Prospective Rate: Line 11 x Inflation (1.02817040)	61.251	232.555	293.806	61.251	345.126	406.377
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	61.251	232.555	293.806	61.251	345.126	406.377
19. Property Rate Component			3.551			3.551
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			297.36			409.93
23. Medicaid Days		2,952			26,151	
24. Resident Days		2,982			26,183	
25. Medicaid Utilization		98.99%			99.88%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028006200 - 2014/04
RI:237.38 / NM:407.83

TACACHALE #2
 1621 N. E. Waldo Road
 Gainesville, FL 32609

Provider Number: 028006200
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>272.52</u>	<u>237.38</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>388.45</u>	<u>407.83</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

 For Information only - No Change in rate



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

028006200

Provider Name: **TACACHALE #2**
 Provider Number: 28006200
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 88

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	13,183	18,734	31,917
2. Operating Expenses Component			
A. Administration			894,193
B. Plant Operation			809,330
C. Laundry			0
D. Housekeeping			181,300
E. Operating Expense Component & Per Diem	59.0539	59.0539	1,884,823
3. Resident Care			
A. Dietary			882,625
B. Other			550,927
C. Nursing			0
D. Resident Care & Per Diem	44.9150	44.9150	1,433,552
4. Prop Exp & Per Diem	4.0559	4.0559	129,452
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	6,591.50	18,734.00	25,325.50
3. Staffing Percent	26.0271268	73.9728732	100.00
4. Allocation of Direct Care	1,483,108.19	4,215,208.81	5,698,317.00
5. Direct Care Expense Per Diem	112.5016	225.0031	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	13,157	18,665	31,822
2. Additional Services	137,570	1,189,644	1,327,214
3. Additional Services Exp & Per Diem	10.4560	63.7366	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	59.0539	59.0539	1,884,823
2. Resident Care Component	167.8726	333.6548	8,459,083
3. Property Cost Component	4.0559	4.0559	129,452
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	230.9824	396.7645	10,473,358



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028006200 - 2014/04

RI: 237.38

NM: 407.83

TACACHALE #2
Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	59.054	167.873	226.926	59.054	333.655	392.709
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	59.054	167.873	226.926	59.054	333.655	392.709
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	59.054	167.873	226.926	59.054	333.655	392.709
12. Plus: Property Rate Component			4.056			4.056
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			230.982			396.765
15. Prospective Rate: Line 11 x Inflation (1.02817040)	60.717	172.602	233.319	60.717	343.054	403.771
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	60.717	172.602	233.319	60.717	343.054	403.771
19. Property Rate Component			4.056			4.056
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			237.38			407.83
23. Medicaid Days		13,157			18,665	
24. Resident Days		13,183			18,734	
25. Medicaid Utilization		99.80%			99.63%	
			0.00			0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028009700 - 2014/04
RI:370.19 / NM:581.63

SUNLAND MARIANNA #2
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028009700
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>408.37</u>	<u>370.19</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>649.80</u>	<u>581.63</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

_____ For Information only - No Change in rate



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

028009700

Provider Name: **SUNLAND MARIANNA #2**
 Provider Number: 28009700
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 121

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	33,915	1,703	35,618
2. Operating Expenses Component			
A. Administration			758,294
B. Plant Operation			1,329,130
C. Laundry			0
D. Housekeeping			189,803
E. Operating Expense Component & Per Diem	63.9347	63.9347	2,277,227
3. Resident Care			
A. Dietary			1,089,735
B. Other			69,199
C. Nursing			904,846
D. Resident Care & Per Diem	57.9421	57.9421	2,063,780
4. Prop Exp & Per Diem	4.7901	4.7901	170,615
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	16,957.50	1,703.00	18,660.50
3. Staffing Percent	90.8737708	9.1262292	100.00
4. Allocation of Direct Care	6,974,366.53	700,418.47	7,674,785.00
5. Direct Care Expense Per Diem	205.6425	411.2851	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	33,099	1,703	34,802
2. Additional Services	922,510	47,465	969,975
3. Additional Services Exp & Per Diem	27.8712	27.8714	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	63.9347	63.9347	2,277,227
2. Resident Care Component	291.4558	497.0985	10,708,540
3. Property Cost Component	4.7901	4.7901	170,615
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	360.1807	565.8234	13,156,382



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028009700 - 2014/04

RI: 370.19

NM: 581.63

SUNLAND MARIANNA #2
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	63.935	291.456	355.391	63.935	497.099	561.033
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	63.935	291.456	355.391	63.935	497.099	561.033
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	63.935	291.456	355.391	63.935	497.099	561.033
12. Plus: Property Rate Component			4.790			4.790
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			360.181			565.823
15. Prospective Rate: Line 11 x Inflation (1.02817040)	65.736	299.666	365.402	65.736	511.102	576.838
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	65.736	299.666	365.402	65.736	511.102	576.838
19. Property Rate Component			4.790			4.790
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			370.19			581.63
23. Medicaid Days		33,099			1,703	
24. Resident Days		33,915			1,703	
25. Medicaid Utilization		97.59%			100.00%	
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028011900 - 2014/04
RI:274.51 / NM:402.09

TACACHALE #3
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028011900
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>264.58</u>	<u>274.51</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>389.09</u>	<u>402.09</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028011900

Provider Name: **TACACHALE #3**
 Provider Number: 28011900
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 45

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
A. Allocation of Expenses (excluding B & C)			
1. Resident Days	8,052	8,488	16,540
2. Operating Expenses Component			
A. Administration			485,273
B. Plant Operation			262,085
C. Laundry			0
D. Housekeeping			58,710
E. Operating Expense Component & Per Diem	48.7345	48.7345	806,068
3. Resident Care			
A. Dietary			456,320
B. Other			284,977
C. Nursing			0
D. Resident Care & Per Diem	44.8184	44.8184	741,297
4. Prop Exp & Per Diem	3.6895	3.6895	61,024
5. ROE/Use Per Diem	0.0000	0.0000	0
B. Direct Care Expense			
1. Staffing	0.50	1.00	
2. Total Staffing Required	4,026.00	8,488.00	12,514.00
3. Staffing Percent	32.1719674	67.8280326	100.00
4. Allocation of Direct Care	994,898.47	2,097,540.53	3,092,439.00
5. Direct Care Expense Per Diem	123.5592	247.1183	
C. Additional Services Expense			
1. Medicaid Inpatient Days	8,038	8,443	16,481
2. Additional Services	372,057	395,267	767,324
3. Additional Services Exp & Per Diem	46.2873	46.8159	
D. Medicaid Per Diem Cost			
1. Operating Component	48.7345	48.7345	806,068
2. Resident Care Component	214.6649	338.7527	4,601,060
3. Property Cost Component	3.6895	3.6895	61,024
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	267.0888	391.1767	5,468,152



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028011900 - 2014/04
RI: 274.51
NM: 402.09

TACACHALE #3
Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	48.734	214.665	263.399	48.734	338.753	387.487
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	48.734	214.665	263.399	48.734	338.753	387.487
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	48.734	214.665	263.399	48.734	338.753	387.487
12. Plus: Property Rate Component			3.689			3.689
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			267.089			391.177
15. Prospective Rate: Line 11 x Inflation (1.02817040)	50.107	220.712	270.819	50.107	348.296	398.403
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.107	220.712	270.819	50.107	348.296	398.403
19. Property Rate Component			3.689			3.689
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			274.51			402.09
23. Medicaid Days		8,038			8,443	
24. Resident Days		8,052			8,488	
25. Medicaid Utilization		99.83%			99.47%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028015100 - 2014/04
RI:266.98 / NM:386.03

TACACHALE #4
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028015100
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	260.15	266.98	4/1/2014
#8 Non-Ambulatory & #9 Medical	377.02	386.03	4/1/2014

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

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

028015100

Provider Name: **TACACHALE #4**
 Provider Number: 28015100
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 55

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	11,731	8,543	20,274
2. Operating Expenses Component			
A. Administration			505,076
B. Plant Operation			408,674
C. Laundry			0
D. Housekeeping			91,548
E. Operating Expense Component & Per Diem	49.5856	49.5856	1,005,298
3. Resident Care			
A. Dietary			558,206
B. Other			445,760
C. Nursing			0
D. Resident Care & Per Diem	49.5199	49.5199	1,003,966
4. Prop Exp & Per Diem	3.0838	3.0838	62,521
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	5,865.50	8,543.00	14,408.50
3. Staffing Percent	40.7086095	59.2913905	100.00
4. Allocation of Direct Care	1,310,263.18	1,908,375.82	3,218,639.00
5. Direct Care Expense Per Diem	111.6924	223.3847	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	11,669	8,539	20,208
2. Additional Services	535,224	426,677	961,901
3. Additional Services Exp & Per Diem	45.8672	49.9680	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49.5856	49.5856	1,005,298
2. Resident Care Component	207.0794	322.8726	5,184,506
3. Property Cost Component	3.0838	3.0838	62,521
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	259.7488	375.5420	6,252,325



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028015100 - 2014/04

RI: 266.98

NM: 386.03

TACACHALE #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	49.586	207.079	256.665	49.586	322.873	372.458
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	49.586	207.079	256.665	49.586	322.873	372.458
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.586	207.079	256.665	49.586	322.873	372.458
12. Plus: Property Rate Component			3.084			3.084
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			259.749			375.542
15. Prospective Rate: Line 11 x Inflation (1.02817040)	50.982	212.913	263.895	50.982	331.968	382.951
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	50.982	212.913	263.895	50.982	331.968	382.951
19. Property Rate Component			3.084			3.084
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			266.98			386.03
23. Medicaid Days		11,669			8,539	
24. Resident Days		11,731			8,543	
25. Medicaid Utilization		99.47%			99.95%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028016000 - 2014/04
RI:263.87 / NM:380.88

SUNLAND MARIANNA #3
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028016000
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>256.60</u>	<u>263.87</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>381.96</u>	<u>380.88</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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


W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

_____ For Information only - No Change in rate



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

028016000

Provider Name: **SUNLAND MARIANNA #3**
 Provider Number: 28016000
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	10,308	2,555	12,863
2. Operating Expenses Component			
A. Administration			173,359
B. Plant Operation			461,859
C. Laundry			0
D. Housekeeping			65,955
E. Operating Expense Component & Per Diem	54.5108	54.5108	701,173
3. Resident Care			
A. Dietary			384,155
B. Other			24,046
C. Nursing			385,974
D. Resident Care & Per Diem	61.7410	61.7410	794,175
4. Prop Exp & Per Diem	4.6091	4.6091	59,287
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	5,154.00	2,555.00	7,709.00
3. Staffing Percent	66.8569205	33.1430795	100.00
4. Allocation of Direct Care	1,173,065.51	581,525.49	1,754,591.00
5. Direct Care Expense Per Diem	113.8015	227.6029	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	9,578	2,555	12,133
2. Additional Services	211,703	56,474	268,177
3. Additional Services Exp & Per Diem	22.1030	22.1033	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	54.5108	54.5108	701,173
2. Resident Care Component	197.6456	311.4473	2,816,943
3. Property Cost Component	4.6091	4.6091	59,287
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	256.7655	370.5673	3,577,403



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028016000 - 2014/04

RI: 263.87

NM: 380.88

SUNLAND MARIANNA #3

Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	54.511	197.646	252.156	54.511	311.447	365.958
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	54.511	197.646	252.156	54.511	311.447	365.958
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	54.511	197.646	252.156	54.511	311.447	365.958
12. Plus: Property Rate Component			4.609			4.609
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			256.766			370.567
15. Prospective Rate: Line 11 x Inflation (1.02817040)	56.046	203.213	259.260	56.046	320.221	376.267
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	56.046	203.213	259.260	56.046	320.221	376.267
19. Property Rate Component			4.609			4.609
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			263.87			380.88
23. Medicaid Days		9,578			2,555	
24. Resident Days		10,308			2,555	
25. Medicaid Utilization		92.92%			100.00%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028024100 - 2014/04
RI:268.19 / NM:380.06

TACACHALE #5
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028024100
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>265.83</u>	<u>268.19</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>379.79</u>	<u>380.06</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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



 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:
 Contract Management
 DPODS - DCF (3)
 Home Office:

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

028024100

Provider Name: **TACACHALE #5**
 Provider Number: 28024100
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 39

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	6,146	7,896	14,042
2. Operating Expenses Component			
A. Administration			356,327
B. Plant Operation			278,712
C. Laundry			0
D. Housekeeping			62,435
E. Operating Expense Component & Per Diem	49.6706	49.6706	697,474
3. Resident Care			
A. Dietary			390,383
B. Other			393,699
C. Nursing			0
D. Resident Care & Per Diem	55.8383	55.8383	784,082
4. Prop Exp & Per Diem	5.0009	5.0009	70,222
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	3,073.00	7,896.00	10,969.00
3. Staffing Percent	28.0153159	71.9846841	100.00
4. Allocation of Direct Care	636,150.22	1,634,572.78	2,270,723.00
5. Direct Care Expense Per Diem	103.5064	207.0128	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	6,146	7,877	14,023
2. Additional Services	288,614	411,684	700,298
3. Additional Services Exp & Per Diem	46.9596	52.2641	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	49.6706	49.6706	697,474
2. Resident Care Component	206.3044	315.1152	3,755,103
3. Property Cost Component	5.0009	5.0009	70,222
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	260.9758	369.7866	4,522,799



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028024100 - 2014/04

RI: 268.19

NM: 380.06

TACACHALE #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	49.671	206.304	255.975	49.671	315.115	364.786
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	49.671	206.304	255.975	49.671	315.115	364.786
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	49.671	206.304	255.975	49.671	315.115	364.786
12. Plus: Property Rate Component			5.001			5.001
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			260.976			369.787
15. Prospective Rate: Line 11 x Inflation (1.02817040)	51.070	212.116	263.186	51.070	323.992	375.062
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	51.070	212.116	263.186	51.070	323.992	375.062
19. Property Rate Component			5.001			5.001
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			268.19			380.06
23. Medicaid Days		6,146			7,877	
24. Resident Days		6,146			7,896	
25. Medicaid Utilization		100.00%			99.76%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028026700 - 2014/04
RI:306.30 / NM:422.81

TACACHALE #7
 1621 N.E. Waldo Road
 Gainesville FL 32609

Provider Number: 028026700
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>287.07</u>	<u>306.30</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>391.39</u>	<u>422.81</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

_____ For Information only - No Change in rate



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

028026700

Provider Name: **TACACHALE #7**
 Provider Number: 28026700
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 28

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	0	10,261	10,261
2. Operating Expenses Component			
A. Administration			364,940
B. Plant Operation			186,986
C. Laundry			0
D. Housekeeping			41,887
E. Operating Expense Component & Per Diem	57.8709	57.8709	593,813
3. Resident Care			
A. Dietary			275,309
B. Other			474,404
C. Nursing			0
D. Resident Care & Per Diem	73.0643	73.0643	749,713
4. Prop Exp & Per Diem	3.8430	3.8430	39,433
5. ROE/Use Per Diem	0.0000	0.0000	0
<u>B. Direct Care Expense</u>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	10,261.00	10,261.00
3. Staffing Percent		100.0000000	100.00
4. Allocation of Direct Care	0.00	2,325,606.00	2,325,606.00
5. Direct Care Expense Per Diem	113.3226	226.6452	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	0	10,140	10,140
2. Additional Services	0	506,066	506,066
3. Additional Services Exp & Per Diem	49.9079	49.9079	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	57.8709	57.8709	593,813
2. Resident Care Component	236.2948	349.6174	3,581,385
3. Property Cost Component	3.8430	3.8430	39,433
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	298.0087	411.3312	4,214,631



Florida Agency For Health Care Administration
Office of Medicaid Cost Reimbursement Planning and Finance
ICF/IID Calculation Sheet
Rates Effective 04/01/2014 through 09/30/2014

028026700 - 2014/04
RI: 306.30
NM: 422.81

TACACHALE #7
Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	57.871	236.295	294.166	57.871	349.617	407.488
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	57.871	236.295	294.166	57.871	349.617	407.488
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	57.871	236.295	294.166	57.871	349.617	407.488
12. Plus: Property Rate Component			3.843			3.843
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			298.009			411.331
15. Prospective Rate: Line 11 x Inflation (1.02817040)	59.501	242.951	302.452	59.501	359.466	418.967
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	59.501	242.951	302.452	59.501	359.466	418.967
19. Property Rate Component			3.843			3.843
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			306.30			422.81
23. Medicaid Days			0		10,140	
24. Resident Days			0		10,261	
25. Medicaid Utilization		NA			98.82%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
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 Tallahassee, Florida 32308

028055100 - 2014/04
RI:386.42 / NM:578.96

TACACHALE FACILITY #8
 1621 N.E. WALDO ROAD
 GAINESVILLE FL 32609

Provider Number: 028055100
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>371.79</u>	<u>386.42</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>554.77</u>	<u>578.96</u>	<u>4/1/2014</u>

Rate Type:


Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (3)
 Home Office:

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

028055100

Provider Name: **TACACHALE FACILITY #8**
 Provider Number: 28055100
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 52

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	10,655	8,286	18,941
2. Operating Expenses Component			
A. Administration			817,577
B. Plant Operation			555,702
C. Laundry			0
D. Housekeeping			124,484
E. Operating Expense Component & Per Diem	79.0752	79.0752	1,497,763
3. Resident Care			
A. Dietary			517,245
B. Other			527,510
C. Nursing			0
D. Resident Care & Per Diem	55.1584	55.1584	1,044,755
4. Prop Exp & Per Diem	1.5051	1.5051	28,509
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	5,327.50	8,286.00	13,613.50
3. Staffing Percent	39.1339479	60.8660521	100.00
4. Allocation of Direct Care	2,038,908.43	3,171,167.57	5,210,076.00
5. Direct Care Expense Per Diem	191.3570	382.7139	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	10,655	8,212	18,867
2. Additional Services	519,688	366,985	886,673
3. Additional Services Exp & Per Diem	48.7741	44.6889	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	79.0752	79.0752	1,497,763
2. Resident Care Component	295.2894	482.5612	7,141,504
3. Property Cost Component	1.5051	1.5051	28,509
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	375.8698	563.1415	8,667,776



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028055100 - 2014/04

RI: 386.42

NM: 578.96

TACACHALE FACILITY #8

Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	79.075	295.289	374.365	79.075	482.561	561.636
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	79.075	295.289	374.365	79.075	482.561	561.636
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	79.075	295.289	374.365	79.075	482.561	561.636
12. Plus: Property Rate Component			1.505			1.505
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			375.870			563.142
15. Prospective Rate: Line 11 x Inflation (1.02817040)	81.303	303.608	384.911	81.303	496.155	577.458
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	81.303	303.608	384.911	81.303	496.155	577.458
19. Property Rate Component			1.505			1.505
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			386.42			578.96
23. Medicaid Days		10,655			8,212	
24. Resident Days		10,655			8,286	
25. Medicaid Utilization		100.00%			99.11%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028058500 - 2014/04
RI:244.93 / NM:340.89

Sunland Marianna #4
 3700 Williams Road
 Marianna FL 32446

Provider Number: 028058500
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>247.33</u>	<u>244.93</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>343.63</u>	<u>340.89</u>	<u>4/1/2014</u>

Rate Type:

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

Basis

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

W. Rydell Samuel
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

 For Information only - No Change in rate



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

028058500

Provider Name: **Sunland Marianna #4**
 Provider Number: 28058500
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 20

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	6,200	1,084	7,284
2. Operating Expenses Component			
A. Administration			77,157
B. Plant Operation			270,056
C. Laundry			0
D. Housekeeping			38,565
E. Operating Expense Component & Per Diem	52.9624	52.9624	385,778
3. Resident Care			
A. Dietary			225,616
B. Other			14,060
C. Nursing			125,328
D. Resident Care & Per Diem	50.1104	50.1104	365,004
4. Prop Exp & Per Diem	4.7592	4.7592	34,666
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	3,100.00	1,084.00	4,184.00
3. Staffing Percent	74.0917782	25.9082218	100.00
4. Allocation of Direct Care	578,593.81	202,321.19	780,915.00
5. Direct Care Expense Per Diem	93.3216	186.6432	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	6,200	1,084	7,284
2. Additional Services	230,646	40,326	270,972
3. Additional Services Exp & Per Diem	37.2010	37.2011	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	52.9624	52.9624	385,778
2. Resident Care Component	180.6329	273.9547	1,416,891
3. Property Cost Component	4.7592	4.7592	34,666
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	238.3545	331.6762	1,837,335



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028058500 - 2014/04

RI: 244.93

NM: 340.89

Sunland Marianna #4
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	52.962	180.633	233.595	52.962	273.955	326.917
5. Incentive Basis (line 3 - line 4)	0.000	0.000	0.000	0.000	0.000	0.000
6. Allowed Current Period Costs (Min of line 3 or 4)	52.962	180.633	233.595	52.962	273.955	326.917
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	52.962	180.633	233.595	52.962	273.955	326.917
12. Plus: Property Rate Component			4.759			4.759
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			238.355			331.676
15. Prospective Rate: Line 11 x Inflation (1.02817040)	54.454	185.721	240.176	54.454	281.672	336.126
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	54.454	185.721	240.176	54.454	281.672	336.126
19. Property Rate Component			4.759			4.759
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			244.93			340.89
23. Medicaid Days		6,200			1,084	
24. Resident Days		6,200			1,084	
25. Medicaid Utilization		100.00%			100.00%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00



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

028562500 - 2014/04
RI:297.70 / NM:398.68

SUNLAND MARIANNA #5
 3700 Williams Drive
 Marianna FL 32446

Provider Number: 028562500
 Date: 3/18/2014
 FYE: 6/30/2013
 Audit Status: Unaudited [3]

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>306.64</u>	<u>297.70</u>	<u>4/1/2014</u>
#8 Non-Ambulatory & #9 Medical	<u>427.86</u>	<u>398.68</u>	<u>4/1/2014</u>

Rate Type:

Interim
 Total Interim
 Interim Component
 Settlement Based on Costs

Prospective
 Total Prospective
 Prospective Adjusted for New Cost

Basis

Budget
 Unaudited Costs
 Field Audited Costs
 Field Audit - Interim Portion

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


 W. Rydell Samuel

Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management
 DPODS - DCF (2)
 Home Office:

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

028562500

Provider Name: **SUNLAND MARIANNA #5**
 Provider Number: 28562500
 Audit Status: Unaudited [3]
 Date: 3/18/2014

Cost Report Entered by: Leadon, Katie
 Rate Semester: April, 2014
 Cost Report: 07/01/2012 - 06/30/2013
 Days In Reporting Period: 365
 Number of Beds: 49

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<u>A. Allocation of Expenses (excluding B & C)</u>			
1. Resident Days	4,783	10,574	15,357
2. Operating Expenses Component			
A. Administration			290,885
B. Plant Operation			585,486
C. Laundry			0
D. Housekeeping			83,609
E. Operating Expense Component & Per Diem	62.5109	62.5109	959,980
3. Resident Care			
A. Dietary			456,194
B. Other			30,482
C. Nursing			786,552
D. Resident Care & Per Diem	82.9086	82.9086	1,273,228
4. Prop Exp & Per Diem	4.8940	4.8940	75,157
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	2,391.50	10,574.00	12,965.50
3. Staffing Percent	18.4451043	81.5548957	100.00
4. Allocation of Direct Care	543,039.18	2,401,043.82	2,944,083.00
5. Direct Care Expense Per Diem	113.5353	227.0705	
<u>C. Additional Services Expense</u>			
1. Medicaid Inpatient Days	4,783	10,208	14,991
2. Additional Services	123,525	107,231	230,756
3. Additional Services Exp & Per Diem	25.8258	10.5046	
<u>D. Medicaid Per Diem Cost</u>			
1. Operating Component	62.5109	62.5109	959,980
2. Resident Care Component	222.2697	320.4838	4,448,067
3. Property Cost Component	4.8940	4.8940	75,157
4. ROE/Use Allow Component	0.0000		0
5 Total Cost Per Diem	289.6746	387.8887	5,483,204



Florida Agency For Health Care Administration
 Office of Medicaid Cost Reimbursement Planning and Finance
 ICF/IID Calculation Sheet
 Rates Effective 04/01/2014 through 09/30/2014

028562500 - 2014/04

RI: 297.70

NM: 398.68

SUNLAND MARIANNA #5
 Ownership:State[1]

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

	Residential / Institutional			Non-Ambulatory Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1. Prior Period Base:						
2. Inflate Line 1 by Inflation Factor 0.00000000						
3. Line 1 x						
4. Current Period Cost	62.511	222.270	284.781	62.511	320.484	382.995
5. Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6. Allowed Current Period Costs (Min of line 3 or 4)	62.511	222.270	284.781	62.511	320.484	382.995
7. Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8. Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9. Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10. Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11. Current Period Base: (line 6 + line 10)	62.511	222.270	284.781	62.511	320.484	382.995
12. Plus: Property Rate Component			4.894			4.894
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			289.675			387.889
15. Prospective Rate: Line 11 x Inflation (1.02817040)	64.272	228.531	292.803	64.272	329.512	393.784
16. Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17. NA	0.000	0.000	0.000	0.000	0.000	0.000
18. Total Operating & Residential Care Rate	64.272	228.531	292.803	64.272	329.512	393.784
19. Property Rate Component			4.894			4.894
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus :Property Interim Rate Component			0.000			0.000
22. Final Per Diem			297.70			398.68
23. Medicaid Days		4,783			10,208	
24. Resident Days		4,783			10,574	
25. Medicaid Utilization		100.00%			96.54%	
						0.00
			0.00			0.00
			0.00			0.00
30. Final Per Diem After Adjustments						0.00