



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2021/07

RI: 351.15

NM: 491.82

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunland Marianna I

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	68.253	261.663	329.916	68.253	395.091	463.344
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)	68.253	261.663	329.916	68.253	395.091	463.344
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)	68.253	261.663	329.916	68.253	395.091	463.344
12.Plus: Property Rate Component			3.319			3.319
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			333.235			466.662
15.Prospective Rate: Line 11 x Inflation 1.05430291	71.959	275.872	347.831	71.959	416.545	488.504
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	71.959	275.872	347.831	71.959	416.545	488.504
19.Property Rate Component			3.319			3.319
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			351.15			491.82
23.Medicaid Days		12,444			9,530	
24.Resident Days		12,444			9,530	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			351.15			491.82



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028004600 - 2021/07

RI: 362.25

NM: 524.23

Tacachale Facility I

Ownership: State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	64.893	278.356	343.249	64.893	431.997	496.890
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)	64.893	278.356	343.249	64.893	431.997	496.890
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)	64.893	278.356	343.249	64.893	431.997	496.890
12.Plus: Property Rate Component			0.361			0.361
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			343.609			497.251
15.Prospective Rate: Line 11 x Inflation 1.05430291	68.416	293.471	361.888	68.416	455.456	523.872
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	68.416	293.471	361.888	68.416	455.456	523.872
19.Property Rate Component			0.361			0.361
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			362.25			524.23
23.Medicaid Days		6,711			16,095	
24.Resident Days		6,712			16,155	
25.Medicaid Utilization		99.99%			99.63%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.25			524.23



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028006200 - 2021/07

RI: 349.67

NM: 482.46

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	61.591	269.695	331.286	61.591	395.636	457.227
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)	61.591	269.695	331.286	61.591	395.636	457.227
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)	61.591	269.695	331.286	61.591	395.636	457.227
12.Plus: Property Rate Component			0.400			0.400
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			331.685			457.627
15.Prospective Rate: Line 11 x Inflation 1.05430291	64.936	284.340	349.275	64.936	417.121	482.056
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	64.936	284.340	349.275	64.936	417.121	482.056
19.Property Rate Component			0.400			0.400
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			349.67			482.46
23.Medicaid Days			9,881			14,964
24.Resident Days			9,973			15,052
25.Medicaid Utilization			99.08%			99.42%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			349.67			482.46



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028009700 - 2021/07

RI: 586.58

NM: 896.16

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunland Marianna II

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	115.268	435.887	551.155	115.268	729.521	844.790
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)	115.268	435.887	551.155	115.268	729.521	844.790
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)	115.268	435.887	551.155	115.268	729.521	844.790
12.Plus: Property Rate Component			5.498			5.498
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			556.653			850.288
15.Prospective Rate: Line 11 x Inflation 1.05430291	121.528	459.557	581.084	121.528	769.136	890.664
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	121.528	459.557	581.084	121.528	769.136	890.664
19.Property Rate Component			5.498			5.498
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			586.58			896.16
23.Medicaid Days		23,644			2,556	
24.Resident Days		24,093			2,556	
25.Medicaid Utilization		98.14%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			586.58			896.16



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2021/07

RI: 385.34

NM: 557.69

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Tacachale Facility IV

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	66.417	298.665	365.082	66.417	462.138	528.555
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)	66.417	298.665	365.082	66.417	462.138	528.555
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)	66.417	298.665	365.082	66.417	462.138	528.555
12.Plus: Property Rate Component			0.429			0.429
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			365.511			528.984
15.Prospective Rate: Line 11 x Inflation 1.05430291	70.024	314.883	384.907	70.024	487.233	557.257
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	70.024	314.883	384.907	70.024	487.233	557.257
19.Property Rate Component			0.429			0.429
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			385.34			557.69
23.Medicaid Days		10,550			7,051	
24.Resident Days		10,724			7,068	
25.Medicaid Utilization		98.38%			99.76%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			385.34			557.69



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2021/07

RI: 362.81

NM: 486.58

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunland Marianna III

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	84.366	255.398	339.764	84.366	372.792	457.158
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)	84.366	255.398	339.764	84.366	372.792	457.158
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)	84.366	255.398	339.764	84.366	372.792	457.158
12.Plus: Property Rate Component			4.599			4.599
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			344.363			461.757
15.Prospective Rate: Line 11 x Inflation 1.05430291	88.947	269.267	358.214	88.947	393.036	481.983
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	88.947	269.267	358.214	88.947	393.036	481.983
19.Property Rate Component			4.599			4.599
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			362.81			486.58
23.Medicaid Days			4,392			7,367
24.Resident Days			5,127			7,367
25.Medicaid Utilization			85.66%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			362.81			486.58



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028024100 - 2021/07

RI: 379.02

NM: 541.76

Tacachale Facility V

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	60.725	298.370	359.095	60.725	452.721	513.445
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)	60.725	298.370	359.095	60.725	452.721	513.445
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)	60.725	298.370	359.095	60.725	452.721	513.445
12.Plus: Property Rate Component			0.430			0.430
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.524			513.875
15.Prospective Rate: Line 11 x Inflation 1.05430291	64.022	314.572	378.594	64.022	477.305	541.327
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	64.022	314.572	378.594	64.022	477.305	541.327
19.Property Rate Component			0.430			0.430
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			379.02			541.76
23.Medicaid Days		11,033			2,403	
24.Resident Days		11,033			2,403	
25.Medicaid Utilization		100.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			379.02			541.76



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2021/07

RI: 339.68

NM: 449.42

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Tacachale Facility VII

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	58.534	263.329	321.863	58.534	367.415	425.950
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)	58.534	263.329	321.863	58.534	367.415	425.950
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)	58.534	263.329	321.863	58.534	367.415	425.950
12.Plus: Property Rate Component			0.336			0.336
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			322.199			426.285
15.Prospective Rate: Line 11 x Inflation 1.05430291	61.713	277.628	339.341	61.713	387.367	449.080
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	61.713	277.628	339.341	61.713	387.367	449.080
19.Property Rate Component			0.336			0.336
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			339.68			449.42
23.Medicaid Days			0			11,220
24.Resident Days			0			11,267
25.Medicaid Utilization			0.00%			99.58%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			339.68			449.42



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

028055100 - 2021/07

RI: 496.04

NM: 761.55

Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	87.336	382.678	470.014	87.336	634.513	721.849
5.Incentive Basis (line 3 - line 4)	0.000	0.000		0.000	0.000	
6.Allowed Current Period Costs (Min of line 3 or 4)	87.336	382.678	470.014	87.336	634.513	721.849
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	87.336	382.678	470.014	87.336	634.513	721.849
12.Plus: Property Rate Component			0.501			0.501
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			470.515			722.350
15.Prospective Rate: Line 11 x Inflation 1.05430291	92.078	403.459	495.537	92.078	668.969	761.047
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	92.078	403.459	495.537	92.078	668.969	761.047
19.Property Rate Component			0.501			0.501
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			496.04			761.55
23.Medicaid Days			13,720			5,628
24.Resident Days			13,720			5,653
25.Medicaid Utilization			100.00%			99.56%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			496.04			761.55



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028058500 - 2021/07

RI: 377.71

NM: 489.65

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunland Marianna IV

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	86.694	267.027	353.721	86.694	373.206	459.900
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)	86.694	267.027	353.721	86.694	373.206	459.900
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)	86.694	267.027	353.721	86.694	373.206	459.900
12.Plus: Property Rate Component			4.780			4.780
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			358.501			464.680
15.Prospective Rate: Line 11 x Inflation 1.05430291	91.402	281.527	372.929	91.402	393.472	484.874
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	91.402	281.527	372.929	91.402	393.472	484.874
19.Property Rate Component			4.780			4.780
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			377.71			489.65
23.Medicaid Days			1,584			3,943
24.Resident Days			1,584			3,943
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			377.71			489.65



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2021/07

RI: 428.91

NM: 628.13

ICF/IID Calculation Sheet

Rates Effective 07/01/2021 through 06/30/2022

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2020 - 04/30/2021 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2019	6/30/2020	Unaudited Costs	202007
Prior Cost Report	7/1/2018	6/30/2019	Unaudited Costs	

	Residential / Institutional			Non-Ambulatory / Medical		
	Operating	Resident Care	Total	Operating	Resident Care	Total
1.Prior Period Base:	0.000	0.000	0.000	0.000	0.000	0.000
2.Inflate Line 1 by Inflation Factor 1.02170935	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03039309	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	79.396	325.253	404.649	79.396	514.206	593.602
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)	79.396	325.253	404.649	79.396	514.206	593.602
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)	79.396	325.253	404.649	79.396	514.206	593.602
12.Plus: Property Rate Component			2.289			2.289
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			406.938			595.891
15.Prospective Rate: Line 11 x Inflation 1.05430291	83.707	342.915	426.623	83.707	542.129	625.836
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	83.707	342.915	426.623	83.707	542.129	625.836
19.Property Rate Component			2.289			2.289
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
22.Final Per Diem			428.91			628.13
23.Medicaid Days			853			8,981
24.Resident Days			853			8,981
25.Medicaid Utilization			100.00%			100.00%
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
30.Final Per Diem After Adjustments			428.91			628.13