



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

<b>028003800 - 2015/07</b>
<b>RI:285.17 / NM:430.64</b>

**Sunland Marianna I**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028003800  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>258.06</b>	<b>285.17</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>392.94</b>	<b>430.64</b>	<b>7/1/2015</b>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input 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"/> X 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 (4)  
 Home Office:

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For Information only - No Change in rate



**Florida Agency For Health Care Administration**

**028003800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 113

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	35,783	1,797	37,580
2. Operating Expenses component			
A. Administration			618,462
B. Plant Operation			808,236
C. Laundry			0
D. Housekeeping			128,798
E. Operating Expense Component & Per Diem	41.3916	41.3916	1,555,496
3. Resident Care			
A. Dietary			1,185,315
B. Other			42,079
C. Nursing			939,949
D. Resident Care & Per Diem	57.6728	57.6728	2,167,343
4. Prop Exp & Per Diem	2.2670	2.2670	85,194
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	17,891.50	1,797.00	19,688.50
3. Staffing Percent	0.91	0.09	1.00
4. Allocation of Direct Care	4,940,439.44	496,211.56	5,436,651.00
5. Direct Care Expense Per Diem	138.0667	276.1333	

C. Additional Services Expense

1. Medicaid Inpatient Days	35,774	1,797	37,571
2. Additional Services	1,136,030	57,405	1,193,435
3. Additional Services Exp & Per Diem	31.7557	31.9449	

D. Medicaid Per Diem Cost

1. Operating Component	41.3916	41.3916	1,555,496
2. Resident Care Component	227.4952	365.7510	8,797,429
3. Property Cost Component	2.2670	2.2670	85,194
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>271.1538</b>	<b>409.4096</b>	<b>10,438,119</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028003800 - 2015/07

RI: 285.17

NM: 430.64

**Sunland Marianna I**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	41.392	227.495	268.887	41.392	365.751	407.143
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)	41.392	227.495	268.887	41.392	365.751	407.143
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: (6 + line 10)	41.392	227.495	268.887	41.392	365.751	407.143
12.Plus: Property Rate Component			2.267			2.267
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			271.154			409.410
15.Prospective Rate: Line 11 x Inflation 1.05214018	43.550	239.357	282.907	43.550	384.821	428.371
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	43.550	239.357	282.907	43.550	384.821	428.371
19.Property Rate Component			2.267			2.267
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>285.17</b>			<b>430.64</b>
23.Medicaid Days		35,774			1,797	
24.Resident Days		35,783			1,797	
25.Medicaid Utilization		99.97%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>285.17</b>			<b>430.64</b>





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

**028004600 - 2015/07**  
**RI:326.58 / NM:454.85**

**Tacachale Facility I**  
 1621 N.E. Waldo Road  
 Gainesville, FL 32609

Provider Number: 028004600  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>301.46</b>	<b>326.58</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>415.60</b>	<b>454.85</b>	<b>7/1/2015</b>

Rate Type:

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

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X 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	<input type="checkbox"/>

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Attn: Revenue Management/Tacachale  
 1621 N. E. Waldo Road.  
 Gainesville, FL 32609

For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028004600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility I**  
 Provider Number: 28004600  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 104

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	2,920	24,841	27,761
2. Operating Expenses component			
A. Administration			1,014,385
B. Plant Operation			581,077
C. Laundry			0
D. Housekeeping			146,781
E. Operating Expense Component & Per Diem	62.7587	62.7587	1,742,243
3. Resident Care			
A. Dietary			839,991
B. Other			1,056,468
C. Nursing			0
D. Resident Care & Per Diem	68.3138	68.3138	1,896,459
4. Prop Exp & Per Diem	1.6728	1.6728	46,439
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,460.00	24,841.00	26,301.00
3. Staffing Percent	0.06	0.94	1.00
4. Allocation of Direct Care	364,619.10	6,203,768.90	6,568,388.00
5. Direct Care Expense Per Diem	124.8696	249.7391	

C. Additional Services Expense

1. Medicaid Inpatient Days	2,920	24,819	27,739
2. Additional Services	154,375	1,238,772	1,393,147
3. Additional Services Exp & Per Diem	52.8682	49.9122	

D. Medicaid Per Diem Cost

1. Operating Component	62.7587	62.7587	1,742,243
2. Resident Care Component	246.0516	367.9651	9,857,994
3. Property Cost Component	1.6728	1.6728	46,439
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>310.4831</b>	<b>432.3966</b>	<b>11,646,676</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028004600 - 2015/07

RI: 326.58

NM: 454.85

**Tacachale Facility I**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	62.759	246.052	308.810	62.759	367.965	430.724
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)	62.759	246.052	308.810	62.759	367.965	430.724
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: (6 + line 10)	62.759	246.052	308.810	62.759	367.965	430.724
12.Plus: Property Rate Component			1.673			1.673
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			310.483			432.397
15.Prospective Rate: Line 11 x Inflation 1.05214018	66.031	258.881	324.912	66.031	387.151	453.182
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	66.031	258.881	324.912	66.031	387.151	453.182
19.Property Rate Component			1.673			1.673
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>326.58</b>			<b>454.85</b>
23.Medicaid Days		2,920			24,819	
24.Resident Days		2,920			24,841	
25.Medicaid Utilization		100.00%			99.91%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>326.58</b>			<b>454.85</b>



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

**028006200 - 2015/07**  
**RI:300.49 / NM:433.22**

**Tacachale Facility II**  
 1621 N. E. Waldo Road  
 Gainesville,, FL 32609

Provider Number: 028006200  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>240.63</b>	<b>300.49</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>413.46</b>	<b>433.22</b>	<b>7/1/2015</b>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input 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"/> X 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 (4)  
 Home Office:  
 Attn: Revenue Management/Tacachale  
 1621 N. E. Waldo Road.  
 Gainesville, FL 32609

For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028006200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 92

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
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A. Allocation of Expenses (excluding B & C)

1. Resident Days	11,681	18,405	30,086
2. Operating Expenses component			
A. Administration			936,363
B. Plant Operation			740,974
C. Laundry			0
D. Housekeeping			187,171
E. Operating Expense Component & Per Diem	61.9726	61.9726	1,864,508
3. Resident Care			
A. Dietary			906,695
B. Other			530,495
C. Nursing			0
D. Resident Care & Per Diem	47.7694	47.7694	1,437,190
4. Prop Exp & Per Diem	1.5792	1.5792	47,511
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	5,840.50	18,405.00	24,245.50
3. Staffing Percent	0.24	0.76	1.00
4. Allocation of Direct Care	1,460,559.31	4,602,618.69	6,063,178.00
5. Direct Care Expense Per Diem	125.0372	250.0744	

C. Additional Services Expense

1. Medicaid Inpatient Days	11,633	18,355	29,988
2. Additional Services	573,736	925,701	1,499,437
3. Additional Services Exp & Per Diem	49.3197	50.4332	

D. Medicaid Per Diem Cost

1. Operating Component	61.9726	61.9726	1,864,508
2. Resident Care Component	222.1263	348.2770	8,999,805
3. Property Cost Component	1.5792	1.5792	47,511
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>285.6781</b>	<b>411.8288</b>	<b>10,911,824</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

<b>028006200 - 2015/07</b>
<b>RI: 300.49</b>
<b>NM: 433.22</b>

**Tacachale Facility II**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	61.973	222.126	284.099	61.973	348.277	410.250
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)	61.973	222.126	284.099	61.973	348.277	410.250
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: (6 + line 10)	61.973	222.126	284.099	61.973	348.277	410.250
12.Plus: Property Rate Component			1.579			1.579
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			285.678			411.829
15.Prospective Rate: Line 11 x Inflation 1.05214018	65.204	233.708	298.912	65.204	366.436	431.640
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	65.204	233.708	298.912	65.204	366.436	431.640
19.Property Rate Component			1.579			1.579
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>300.49</b>			<b>433.22</b>
23.Medicaid Days		11,633			18,355	
24.Resident Days		11,681			18,405	
25.Medicaid Utilization		99.59%			99.73%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>300.49</b>			<b>433.22</b>



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

**028009700 - 2015/07**  
**RI:389.36 / NM:611.06**

**Sunland Marianna II**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028009700  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>375.29</b>	<b>389.36</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>589.68</b>	<b>611.06</b>	<b>7/1/2015</b>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input 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"/> X 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 (4)
- Home Office:

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 \_\_\_\_\_  
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For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028009700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunland Marianna II**  
 Provider Number: 28009700  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 121

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	35,749	1,825	37,574
2. Operating Expenses component			
A. Administration			944,317
B. Plant Operation			1,321,420
C. Laundry			0
D. Housekeeping			210,578
E. Operating Expense Component & Per Diem	65.9050	65.9050	2,476,315
3. Resident Care			
A. Dietary			1,190,187
B. Other			68,797
C. Nursing			939,799
D. Resident Care & Per Diem	58.5187	58.5187	2,198,783
4. Prop Exp & Per Diem	3.7070	3.7070	139,288
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	17,874.50	1,825.00	19,699.50
3. Staffing Percent	0.91	0.09	1.00
4. Allocation of Direct Care	7,532,080.80	769,031.20	8,301,112.00
5. Direct Care Expense Per Diem	210.6935	421.3870	

C. Additional Services Expense

1. Medicaid Inpatient Days	34,956	1,825	36,781
2. Additional Services	1,098,323	57,378	1,155,701
3. Additional Services Exp & Per Diem	31.4202	31.4400	

D. Medicaid Per Diem Cost

1. Operating Component	65.9050	65.9050	2,476,315
2. Resident Care Component	300.6324	511.3457	11,655,596
3. Property Cost Component	3.7070	3.7070	139,288
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>370.2444</b>	<b>580.9577</b>	<b>14,271,199</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

<b>028009700 - 2015/07</b>	
<b>RI: 389.36</b>	
<b>NM: 611.06</b>	

**Sunland Marianna II**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	65.905	300.632	366.537	65.905	511.346	577.251
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)	65.905	300.632	366.537	65.905	511.346	577.251
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: (6 + line 10)	65.905	300.632	366.537	65.905	511.346	577.251
12.Plus: Property Rate Component			3.707			3.707
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			370.244			580.958
15.Prospective Rate: Line 11 x Inflation 1.05214018	69.341	316.307	385.649	69.341	538.007	607.349
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	69.341	316.307	385.649	69.341	538.007	607.349
19.Property Rate Component			3.707			3.707
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>389.36</b>			<b>611.06</b>
23.Medicaid Days		34,956			1,825	
24.Resident Days		35,749			1,825	
25.Medicaid Utilization		97.78%			100.00%	
26.		0.00			0.00	
27.		0.00			0.00	
28.		0.00			0.00	
29.		0.00			0.00	
<b>30.Final Per Diem After Adjustments</b>			<b>389.36</b>			<b>611.06</b>



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

**028011900 - 2015/07**  
**RI:293.60 / NM:419.77**

**Tacachale Facility III**  
 1621 N.E. Waldo Road  
 Gainesville, FL 32609

Provider Number: 028011900  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>278.29</b>	<b>293.60</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>407.65</b>	<b>419.77</b>	<b>7/1/2015</b>

Rate Type:

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

Basis

<input type="checkbox"/> Budget	<input type="checkbox"/> Desk Audited Costs
<input checked="" type="checkbox"/> X 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	<input type="checkbox"/>

W.Rydell Samuel   
 Medicaid Cost Reimbursement Analysis

Distribution:  
 Contract Management  
 DPODS - DCF (4)  
 Home Office:  
 Attn: Revenue Management/Tacachale  
 1621 N. E. Waldo Road.  
 Gainesville, FL 32609

For Information only - No Change in rate





# Florida Agency For Health Care Administration

028011900

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility III**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28011900

Rate Semester : July, 2015

Audit Status: Unaudited

Cost Report : 7/1/2013 - 6/30/2014

Date: 7/28/2015

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	7,513	8,848	16,361
2. Operating Expenses component			
A. Administration			489,289
B. Plant Operation			239,949
C. Laundry			0
D. Housekeeping			60,612
E. Operating Expense Component & Per Diem	48.2764	48.2764	789,850
3. Resident Care			
A. Dietary			493,758
B. Other			311,457
C. Nursing			0
D. Resident Care & Per Diem	49.2155	49.2155	805,215
4. Prop Exp & Per Diem	1.0406	1.0406	17,025
5. ROE/Use Per Diem	0.0000	0.0000	0

**B. Direct Care Expense**

1. Staffing	0.50	1.00	
2. Total Staffing Required	3,756.50	8,848.00	12,604.50
3. Staffing Percent	0.30	0.70	1.00
4. Allocation of Direct Care	944,232.90	2,224,031.10	3,168,264.00
5. Direct Care Expense Per Diem	125.6799	251.3598	

**C. Additional Services Expense**

1. Medicaid Inpatient Days	7,503	8,831	16,334
2. Additional Services	411,869	433,882	845,751
3. Additional Services Exp & Per Diem	54.8939	49.1317	

**D. Medicaid Per Diem Cost**

1. Operating Component	48.2764	48.2764	789,850
2. Resident Care Component	229.7893	349.7070	4,819,230
3. Property Cost Component	1.0406	1.0406	17,025
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>279.1063</b>	<b>399.0240</b>	<b>5,626,105</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

<b>028011900 - 2015/07</b>
<b>RI: 293.60</b>
<b>NM: 419.77</b>

**Tacachale Facility III**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3. Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4. Current Period Cost	48.276	229.789	278.066	48.276	349.707	397.983
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)	48.276	229.789	278.066	48.276	349.707	397.983
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: (6 + line 10)	48.276	229.789	278.066	48.276	349.707	397.983
12. Plus: Property Rate Component			1.041			1.041
13. Plus: ROE/Use Rate			0.000			0.000
14. Total Current Period Base			279.106			399.024
15. Prospective Rate: Line 11 x Inflation 1.05214018	50.794	241.771	292.564	50.794	367.941	418.734
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	50.794	241.771	292.564	50.794	367.941	418.734
19. Property Rate Component			1.041			1.041
20. ROE Component + ROE Interim Component			0.000			0.000
21. Plus: Property Interim Rate Component			0.000			0.000
<b>22. Final Per Diem</b>			<b>293.60</b>			<b>419.77</b>
23. Medicaid Days		7,503			8,831	
24. Resident Days		7,513			8,848	
25. Medicaid Utilization		99.87%			99.81%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30. Final Per Diem After Adjustments</b>			<b>293.60</b>			<b>419.77</b>



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

**028015100 - 2015/07**  
**RI:282.57 / NM:418.47**

**Tacachale Facility IV**  
 1621 N.E. Waldo Road  
 Gainesville, FL 32609

Provider Number: 028015100  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>270.66</b>	<b>282.57</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>391.38</b>	<b>418.47</b>	<b>7/1/2015</b>

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 (4)

Home Office:

Attn: Revenue Management/Tacachale

1621 N. E. Waldo Road.

Gainesville, FL 32609

For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028015100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility IV**  
 Provider Number: 28015100  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 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	11,121	8,772	19,893
2. Operating Expenses component			
A. Administration			531,028
B. Plant Operation			374,158
C. Laundry			0
D. Housekeeping			94,513
E. Operating Expense Component & Per Diem	50.2538	50.2538	999,699
3. Resident Care			
A. Dietary			595,969
B. Other			399,638
C. Nursing			0
D. Resident Care & Per Diem	50.0481	50.0481	995,607
4. Prop Exp & Per Diem	1.1084	1.1084	22,049
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	5,560.50	8,772.00	14,332.50
3. Staffing Percent	0.39	0.61	1.00
4. Allocation of Direct Care	1,334,029.62	2,104,506.38	3,438,536.00
5. Direct Care Expense Per Diem	119.9559	239.9118	

C. Additional Services Expense

1. Medicaid Inpatient Days	11,013	8,735	19,748
2. Additional Services	520,459	493,240	1,013,699
3. Additional Services Exp & Per Diem	47.2586	56.4671	

D. Medicaid Per Diem Cost

1. Operating Component	50.2538	50.2538	999,699
2. Resident Care Component	217.2626	346.4270	5,447,842
3. Property Cost Component	1.1084	1.1084	22,049
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>268.6248</b>	<b>397.7892</b>	<b>6,469,590</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

028015100 - 2015/07

RI: 282.57

NM: 418.47

**Tacachale Facility IV**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	50.254	217.263	267.516	50.254	346.427	396.681
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)	50.254	217.263	267.516	50.254	346.427	396.681
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: (6 + line 10)	50.254	217.263	267.516	50.254	346.427	396.681
12.Plus: Property Rate Component			1.108			1.108
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			268.625			397.789
15.Prospective Rate: Line 11 x Inflation 1.05214018	52.874	228.591	281.465	52.874	364.490	417.364
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	52.874	228.591	281.465	52.874	364.490	417.364
19.Property Rate Component			1.108			1.108
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>282.57</b>			<b>418.47</b>
23.Medicaid Days		11,013			8,735	
24.Resident Days		11,121			8,772	
25.Medicaid Utilization		99.03%			99.58%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>282.57</b>			<b>418.47</b>



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

**028016000 - 2015/07**  
**RI:281.57 / NM:422.80**

**Sunland Marianna III**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028016000  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>267.49</u>	<u>281.57</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>386.13</u>	<u>422.80</u>	<u>7/1/2015</u>

Rate Type:

<u>          </u> Interim	<u>  X  </u>	<u>          </u> Prospective
<u>          </u> Total Interim		<u>  X  </u> 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 (4)

Home Office:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028016000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 44

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	10,429	2,433	12,862
2. Operating Expenses component			
A. Administration			223,744
B. Plant Operation			459,180
C. Laundry			0
D. Housekeeping			73,174
E. Operating Expense Component & Per Diem	58.7854	58.7854	756,098
3. Resident Care			
A. Dietary			398,828
B. Other			23,906
C. Nursing			321,704
D. Resident Care & Per Diem	57.8789	57.8789	744,438
4. Prop Exp & Per Diem	3.7631	3.7631	48,401
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,214.50	2,433.00	7,647.50
3. Staffing Percent	0.68	0.32	1.00
4. Allocation of Direct Care	1,341,105.31	625,737.69	1,966,843.00
5. Direct Care Expense Per Diem	128.5939	257.1877	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	9,699	2,433	12,132
2. Additional Services	182,178	59,405	241,583
3. Additional Services Exp & Per Diem	18.7832	24.4164	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	58.7854	58.7854	756,098
2. Resident Care Component	205.2560	339.4830	2,952,864
3. Property Cost Component	3.7631	3.7631	48,401
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>267.8045</b>	<b>402.0315</b>	<b>3,757,363</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

<b>028016000 - 2015/07</b>	
<b>RI: 281.57</b>	
<b>NM: 422.80</b>	

**Sunland Marianna III**

Ownership: State

Incentive Rating: Ineligible from 02/05/2015 - 03/13/2015 Days Eligible: 328 of 365

Eligibility Factor : 89.86%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	58.785	205.256	264.041	58.785	339.483	398.268
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)	58.785	205.256	264.041	58.785	339.483	398.268
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 89.86%	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: (6 + line 10)	58.785	205.256	264.041	58.785	339.483	398.268
12.Plus: Property Rate Component			3.763			3.763
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			267.805			402.032
15.Prospective Rate: Line 11 x Inflation 1.05214018	61.850	215.958	277.809	61.850	357.184	419.034
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	61.850	215.958	277.809	61.850	357.184	419.034
19.Property Rate Component			3.763			3.763
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>281.57</b>			<b>422.80</b>
23.Medicaid Days		9,699			2,433	
24.Resident Days		10,429			2,433	
25.Medicaid Utilization		93.00%			100.00%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>281.57</b>			<b>422.80</b>



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

**028024100 - 2015/07**  
**RI:290.13 / NM:407.47**

**Tacachale Facility V**  
 1621 N.E. Waldo Road  
 Gainesville, FL 32609

Provider Number: 028024100  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>271.86</u>	<u>290.13</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>385.30</u>	<u>407.47</u>	<u>7/1/2015</u>

Rate Type:

<u>          </u> Interim	<u>  X  </u> Prospective
<u>          </u> Total Interim	<u>  X  </u> 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 (4)  
 Home Office:  
 Attn: Revenue Management/Tacachale  
 1621 N. E. Waldo Road.  
 Gainesville, FL 32609

For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028024100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility V**  
 Provider Number: 28024100  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 42

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	6,207	7,484	13,691
2. Operating Expenses component			
A. Administration			357,573
B. Plant Operation			255,172
C. Laundry			0
D. Housekeeping			64,457
E. Operating Expense Component & Per Diem	49.4633	49.4633	677,202
3. Resident Care			
A. Dietary			414,618
B. Other			424,509
C. Nursing			0
D. Resident Care & Per Diem	61.2904	61.2904	839,127
4. Prop Exp & Per Diem	1.2713	1.2713	17,405
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,103.50	7,484.00	10,587.50
3. Staffing Percent	0.29	0.71	1.00
4. Allocation of Direct Care	678,701.67	1,636,669.33	2,315,371.00
5. Direct Care Expense Per Diem	109.3446	218.6891	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	6,205	7,443	13,648
2. Additional Services	337,834	421,497	759,331
3. Additional Services Exp & Per Diem	54.4454	56.6300	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	49.4633	49.4633	677,202
2. Resident Care Component	225.0804	336.6095	3,913,829
3. Property Cost Component	1.2713	1.2713	17,405
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>275.8150</b>	<b>387.3441</b>	<b>4,608,436</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028024100 - 2015/07

RI: 290.13

NM: 407.47

Rates Effective 07/01/2015 through 06/30/2016

**Tacachale Facility V**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	49.463	225.080	274.544	49.463	336.610	386.073
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)	49.463	225.080	274.544	49.463	336.610	386.073
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: (6 + line 10)	49.463	225.080	274.544	49.463	336.610	386.073
12.Plus: Property Rate Component			1.271			1.271
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			275.815			387.344
15.Prospective Rate: Line 11 x Inflation 1.05214018	52.042	236.816	288.858	52.042	354.160	406.203
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	52.042	236.816	288.858	52.042	354.160	406.203
19.Property Rate Component			1.271			1.271
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>290.13</b>			<b>407.47</b>
23.Medicaid Days		6,205			7,443	
24.Resident Days		6,207			7,484	
25.Medicaid Utilization		99.97%			99.45%	
26.		0.00			0.00	
27.		0.00			0.00	
28.		0.00			0.00	
29.		0.00			0.00	
<b>30.Final Per Diem After Adjustments</b>			<b>290.13</b>			<b>407.47</b>



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

**028026700 - 2015/07**  
**RI:348.28 / NM:477.56**

**Tacachale Facility VII**  
1621 N.E. Waldo Road  
Gainesville, FL 32609

Provider Number: 028026700  
Date: 7/28/2015  
FYE: 6/30/2014  
Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>310.51</u>	<u>348.28</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>428.66</u>	<u>477.56</u>	<u>7/1/2015</u>

Rate Type:

<u>          </u> Interim	<u>          </u> X	<u>          </u> Prospective
<u>          </u> Total Interim	<u>          </u> X	<u>          </u> 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>          </u> X 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 (4)  
Home Office:  
Attn: Revenue Management/Tacachale  
\_\_\_\_\_ 1621 N. E. Waldo Road.  
\_\_\_\_\_ Gainesville, FL 32609  
\_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028026700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 32

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	0	9,699	9,699
2. Operating Expenses component			
A. Administration			368,089
B. Plant Operation			171,193
C. Laundry			0
D. Housekeeping			43,244
E. Operating Expense Component & Per Diem	60.0604	60.0604	582,526
3. Resident Care			
A. Dietary			285,762
B. Other			562,150
C. Nursing			0
D. Resident Care & Per Diem	87.4226	87.4226	847,912
4. Prop Exp & Per Diem	1.0952	1.0952	10,622
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	0.00	9,699.00	9,699.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	2,383,468.00	2,383,468.00
5. Direct Care Expense Per Diem	122.8719	245.7437	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	9,651	9,651
2. Additional Services	0	575,414	575,414
3. Additional Services Exp & Per Diem	59.6222	59.6222	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	60.0604	60.0604	582,526
2. Resident Care Component	269.9167	392.7885	3,806,794
3. Property Cost Component	1.0952	1.0952	10,622
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>331.0723</b>	<b>453.9441</b>	<b>4,399,942</b>



**Florida Agency for Health Care Administration**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

**028026700 - 2015/07**

**RI: 348.28**

**NM: 477.56**

Rates Effective 07/01/2015 through 06/30/2016

**Tacachale Facility VII**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	60.060	269.917	329.977	60.060	392.789	452.849
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)	60.060	269.917	329.977	60.060	392.789	452.849
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: (6 + line 10)	60.060	269.917	329.977	60.060	392.789	452.849
12.Plus: Property Rate Component			1.095			1.095
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			331.072			453.944
15.Prospective Rate: Line 11 x Inflation 1.05214018	63.192	283.990	347.182	63.192	413.269	476.461
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	63.192	283.990	347.182	63.192	413.269	476.461
19.Property Rate Component			1.095			1.095
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>348.28</b>			<b>477.56</b>
23.Medicaid Days		0			9,651	
24.Resident Days		0			9,699	
25.Medicaid Utilization		0.00%			99.51%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>348.28</b>			<b>477.56</b>



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

<b>028055100 - 2015/07</b>
<b>RI:429.42 / NM:654.53</b>

**Tacachale Facility VIII**  
 1621 N.E. WALDO ROAD  
 GAINESVILLE, FL 32609

Provider Number: 028055100  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>391.79</u>	<u>429.42</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>587.02</u>	<u>654.53</u>	<u>7/1/2015</u>

Rate Type:

<u>        </u> Interim	<u>        </u> X	<u>        </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>        </u> X 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 (4)  
 Home Office:  
 Attn: Revenue Management/Tacachale  
 \_\_\_\_\_  
 1621 N. E. Waldo Road.  
 \_\_\_\_\_  
 Gainesville, FL 32609  
 \_\_\_\_\_

\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028055100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Tacachale Facility VIII**  
 Provider Number: 28055100  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 56

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	10,188	8,199	18,387
2. Operating Expenses component			
A. Administration			876,201
B. Plant Operation			507,523
C. Laundry			0
D. Housekeeping			128,201
E. Operating Expense Component & Per Diem	82.2279	82.2279	1,511,925
3. Resident Care			
A. Dietary			549,065
B. Other			529,930
C. Nursing			0
D. Resident Care & Per Diem	58.6825	58.6825	1,078,995
4. Prop Exp & Per Diem	0.9419	0.9419	17,319
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	5,094.00	8,199.00	13,293.00
3. Staffing Percent	0.38	0.62	1.00
4. Allocation of Direct Care	2,174,179.99	3,499,431.01	5,673,611.00
5. Direct Care Expense Per Diem	213.4060	426.8119	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,182	8,111	18,293
2. Additional Services	538,929	433,721	972,650
3. Additional Services Exp & Per Diem	52.9296	53.4732	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	82.2279	82.2279	1,511,925
2. Resident Care Component	325.0181	538.9676	7,725,256
3. Property Cost Component	0.9419	0.9419	17,319
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>408.1879</b>	<b>622.1374</b>	<b>9,254,500</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

Rates Effective 07/01/2015 through 06/30/2016

<b>028055100 - 2015/07</b>
<b>RI: 429.42</b>
<b>NM: 654.53</b>

**Tacachale Facility VIII**

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	82.228	325.018	407.246	82.228	538.968	621.196
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)	82.228	325.018	407.246	82.228	538.968	621.196
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: (6 + line 10)	82.228	325.018	407.246	82.228	538.968	621.196
12.Plus: Property Rate Component			0.942			0.942
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			408.188			622.137
15.Prospective Rate: Line 11 x Inflation 1.05214018	86.515	341.965	428.480	86.515	567.069	653.585
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	86.515	341.965	428.480	86.515	567.069	653.585
19.Property Rate Component			0.942			0.942
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>429.42</b>			<b>654.53</b>
23.Medicaid Days		10,182			8,111	
24.Resident Days		10,188			8,199	
25.Medicaid Utilization		99.94%			98.93%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>429.42</b>			<b>654.53</b>



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

**028058500 - 2015/07**  
**RI:255.04 / NM:343.38**

**Sunland Marianna IV**  
 3700 Williams Road  
 Marianna, FL 32446

Provider Number: 028058500  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>248.29</u>	<u>255.04</u>	<u>7/1/2015</u>
#8 Non-Ambulatory & #9 Medical	<u>345.57</u>	<u>343.38</u>	<u>7/1/2015</u>

Rate Type:

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

Basis

<u>          </u> Budget	<u>          </u> Desk Audited Costs
<u>          </u> X 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	<u>          </u>

W.Rydell Samuel    
 \_\_\_\_\_  
 Medicaid Cost Reimbursement Analysis

Distribution:

Contract Management  
 DPODS - DCF (4)  
 Home Office:

\_\_\_\_\_  
 \_\_\_\_\_  
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\_\_\_\_\_ For Information only - No Change in rate





**Florida Agency For Health Care Administration**

**028058500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 20

Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
--	------------------------------------	----------------

A. Allocation of Expenses (excluding B & C)

1. Resident Days	3,330	2,962	6,292
2. Operating Expenses component			
A. Administration			88,380
B. Plant Operation			268,489
C. Laundry			0
D. Housekeeping			42,786
E. Operating Expense Component & Per Diem	63.5180	63.5180	399,655
3. Resident Care			
A. Dietary			206,648
B. Other			13,978
C. Nursing			157,375
D. Resident Care & Per Diem	60.0764	60.0764	378,001
4. Prop Exp & Per Diem	4.4979	4.4979	28,301
5. ROE/Use Per Diem	0.0000	0.0000	0

B. Direct Care Expense

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,665.00	2,962.00	4,627.00
3. Staffing Percent	0.36	0.64	1.00
4. Allocation of Direct Care	279,568.50	497,346.50	776,915.00
5. Direct Care Expense Per Diem	83.9545	167.9090	

C. Additional Services Expense

1. Medicaid Inpatient Days	3,330	2,962	6,292
2. Additional Services	101,834	90,598	192,432
3. Additional Services Exp & Per Diem	30.5808	30.5868	

D. Medicaid Per Diem Cost

1. Operating Component	63.5180	63.5180	399,655
2. Resident Care Component	174.6117	258.5722	1,347,348
3. Property Cost Component	4.4979	4.4979	28,301
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>242.6276</b>	<b>326.5881</b>	<b>1,775,304</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028058500 - 2015/07

RI: 255.04

NM: 343.38

Rates Effective 07/01/2015 through 06/30/2016

Sunland Marianna IV

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	63.518	174.612	238.130	63.518	258.572	322.090
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)	63.518	174.612	238.130	63.518	258.572	322.090
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: (6 + line 10)	63.518	174.612	238.130	63.518	258.572	322.090
12.Plus: Property Rate Component			4.498			4.498
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			242.628			326.588
15.Prospective Rate: Line 11 x Inflation 1.05214018	66.830	183.716	250.546	66.830	272.054	338.884
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	66.830	183.716	250.546	66.830	272.054	338.884
19.Property Rate Component			4.498			4.498
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>255.04</b>			<b>343.38</b>
23.Medicaid Days		3,330			2,962	
24.Resident Days		3,330			2,962	
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
<b>30.Final Per Diem After Adjustments</b>			<b>255.04</b>			<b>343.38</b>



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

**028562500 - 2015/07**  
**RI:278.50 / NM:398.98**

**Sunland Marianna V**  
 3700 Williams Drive  
 Marianna, FL 32446

Provider Number: 028562500  
 Date: 7/28/2015  
 FYE: 6/30/2014  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>301.78</b>	<b>278.50</b>	<b>7/1/2015</b>
#8 Non-Ambulatory & #9 Medical	<b>404.17</b>	<b>398.98</b>	<b>7/1/2015</b>

Rate Type:

<input type="checkbox"/> Interim	<input checked="" type="checkbox"/> X	<input type="checkbox"/> Prospective
<input type="checkbox"/> Total Interim	<input type="checkbox"/> X	<input 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"/> X 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 (4)  
 Home Office:

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For Information only - No Change in rate





# Florida Agency For Health Care Administration

**028562500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

Rate Period(s) 07/2015 to 7/2015

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited  
 Date: 7/28/2015

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2015  
 Cost Report : 7/1/2013 - 6/30/2014  
 Days In Reporting Period: 365  
 Number of Beds: 51

	Column A Residential Institutional	Column B Non-Ambulatory Medical	Column C Total
<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	4,601	10,365	14,966
2. Operating Expenses component			
A. Administration			329,989
B. Plant Operation			582,090
C. Laundry			0
D. Housekeeping			92,760
E. Operating Expense Component & Per Diem	67.1415	67.1415	1,004,839
3. Resident Care			
A. Dietary			434,474
B. Other			30,305
C. Nursing			374,329
D. Resident Care & Per Diem	56.0676	56.0676	839,108
4. Prop Exp & Per Diem	4.0998	4.0998	61,357
5. ROE/Use Per Diem	0.0000	0.0000	0
<b>B. Direct Care Expense</b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	2,300.50	10,365.00	12,665.50
3. Staffing Percent	0.18	0.82	1.00
4. Allocation of Direct Care	526,888.15	2,373,916.85	2,900,805.00
5. Direct Care Expense Per Diem	114.5160	229.0320	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,601	9,910	14,511
2. Additional Services	106,161	228,658	334,819
3. Additional Services Exp & Per Diem	23.0735	23.0735	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	67.1415	67.1415	1,004,839
2. Resident Care Component	193.6571	308.1731	4,074,732
3. Property Cost Component	4.0998	4.0998	61,357
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>264.8984</b>	<b>379.4144</b>	<b>5,140,928</b>



Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation sheet

028562500 - 2015/07

RI: 278.50

NM: 398.98

Rates Effective 07/01/2015 through 06/30/2016

Sunland Marianna V

Ownership: State

Incentive Rating: Eligible from 05/01/2014 - 04/30/2015 Days Eligible: 365 of 365

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2013	6/30/2014	Unaudited	201407
Prior Cost Report	7/1/2012	6/30/2013	Unaudited	

	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 1.01800606	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.02520848	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	67.142	193.657	260.799	67.142	308.173	375.315
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)	67.142	193.657	260.799	67.142	308.173	375.315
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: (6 + line 10)	67.142	193.657	260.799	67.142	308.173	375.315
12.Plus: Property Rate Component			4.100			4.100
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			264.898			379.414
15.Prospective Rate: Line 11 x Inflation 1.05214018	70.642	203.754	274.397	70.642	324.241	394.884
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	70.642	203.754	274.397	70.642	324.241	394.884
19.Property Rate Component			4.100			4.100
20.ROE Component + ROE Interim Component			0.000			0.000
21.Plus: Property Interim Rate Component			0.000			0.000
<b>22.Final Per Diem</b>			<b>278.50</b>			<b>398.98</b>
23.Medicaid Days		4,601			9,910	
24.Resident Days		4,601			10,365	
25.Medicaid Utilization		100.00%			95.61%	
26.			0.00			0.00
27.			0.00			0.00
28.			0.00			0.00
29.			0.00			0.00
<b>30.Final Per Diem After Adjustments</b>			<b>278.50</b>			<b>398.98</b>