



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

**028003800 - 2016/07**  
**RI:280.51 / NM:416.78**

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

Provider Number: 028003800  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>285.17</b>	<b>280.51</b>	<b>7/1/2016</b>
#8 Non-Ambulatory & #9 Medical	<b>430.64</b>	<b>416.78</b>	<b>7/1/2016</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"/> Interim Component		<input type="checkbox"/> Total Prospective
<input type="checkbox"/> Settlement Based on Costs		<input type="checkbox"/> Prospective Adjusted for New Cost

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:

Comments:

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance

**028003800**

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 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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<b>A. Allocation of Expenses (excluding B &amp; C)</b>			
1. Resident Days	28,687	6,550	35,237
2. Operating Expenses component			
A. Administration			574,389
B. Plant Operation			944,287
C. Laundry			0
D. Housekeeping			132,419
E. Operating Expense Component & Per Diem	46.8569	46.8569	1,651,095
3. Resident Care			
A. Dietary			1,128,890
B. Other			35,522
C. Nursing			874,350
D. Resident Care & Per Diem	57.8586	57.8586	2,038,762
4. Prop Exp & Per Diem	1.7561	1.7561	61,881
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	14,343.50	6,550.00	20,893.50
3. Staffing Percent	0.69	0.31	1.00
4. Allocation of Direct Care	3,714,240.51	1,696,118.49	5,410,359.00
5. Direct Care Expense Per Diem	129.4747	258.9494	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	28,669	6,550	35,219
2. Additional Services	884,391	202,619	1,087,010
3. Additional Services Exp & Per Diem	30.8483	30.9342	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	46.8569	46.8569	1,651,095
2. Resident Care Component	218.1816	347.7422	8,536,131
3. Property Cost Component	1.7561	1.7561	61,881
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>266.7946</b>	<b>396.3552</b>	<b>10,249,107</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800

FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	57.8586	57.8586	A3D Allowable Resident Care Exp	2,038,762
B5 Allocation of D/C Expenses	129.4747	258.9494	B4 Allocation of D/C Expenses	5,410,359
C3 Additional Services per Diem	30.8483	30.8483	C2 Additional Services per Diem	1,087,010
<b>Total Resident Care Component</b>	<b>218.1816</b>	<b>347.7422</b>	<b>Total Resident Care Component</b>	<b>8,536,131</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028003800 - 2016/07

RI: 280.51

NM: 416.78

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sunland Marianna I

Ownership:State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	46.857	218.182	265.039	46.857	347.742	394.599
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)	46.857	218.182	265.039	46.857	347.742	394.599
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)	46.857	218.182	265.039	46.857	347.742	394.599
12.Plus: Property Rate Component			1.756			1.756
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			266.795			396.355
15.Prospective Rate: Line 11 x Inflation 1.05175287	49.282	229.473	278.755	49.282	365.739	415.021
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	49.282	229.473	278.755	49.282	365.739	415.021
19.Property Rate Component			1.756			1.756
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>280.51</b>			<b>416.78</b>
23.Medicaid Days		28,669			6,550	
24.Resident Days		28,687			6,550	
25.Medicaid Utilization		99.94%			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>280.51</b>			<b>416.78</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 - 2016/07**  
**RI:311.90 / NM:444.12**

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

Provider Number: 028004600  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>326.58</u>	<u>311.90</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>454.85</u>	<u>444.12</u>	<u>7/1/2016</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>	

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

Comments:

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance

**028004600**

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Tacachale Facility I**  
Provider Number: 28004600  
Audit Status: Unaudited  
Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
Rate Semester : July, 2016  
Cost Report : 7/1/2014 - 6/30/2015  
Days In Reporting Period: 365  
Number of Beds: 104

	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	2,831	24,352	27,183
2. Operating Expenses component			
A. Administration			988,740
B. Plant Operation			614,795
C. Laundry			0
D. Housekeeping			143,827
E. Operating Expense Component & Per Diem	64.2814	64.2814	1,747,362
3. Resident Care			
A. Dietary			805,745
B. Other			709,679
C. Nursing			0
D. Resident Care & Per Diem	55.7490	55.7490	1,515,424
4. Prop Exp & Per Diem	0.5765	0.5765	15,671
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	1,415.50	24,352.00	25,767.50
3. Staffing Percent	0.05	0.95	1.00
4. Allocation of Direct Care	356,486.81	6,132,933.19	6,489,420.00
5. Direct Care Expense Per Diem	125.9226	251.8452	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,831	24,299	27,130
2. Additional Services	141,689	1,211,067	1,352,756
3. Additional Services Exp & Per Diem	50.0491	49.8402	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	64.2814	64.2814	1,747,362
2. Resident Care Component	231.7207	357.4344	9,357,600
3. Property Cost Component	0.5765	0.5765	15,671
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>296.5786</b>	<b>422.2923</b>	<b>11,120,633</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600
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FYE: 06/30/2015
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7490	55.7490	A3D Allowable Resident Care Exp	1,515,424
B5 Allocation of D/C Expenses	125.9226	251.8452	B4 Allocation of D/C Expenses	6,489,420
C3 Additional Services per Diem	50.0491	49.8402	C2 Additional Services per Diem	1,352,756
<b>Total Resident Care Component</b>	<b>231.7207</b>	<b>357.4344</b>	<b>Total Resident Care Component</b>	<b>9,357,600</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028004600 - 2016/07

RI: 311.90

NM: 444.12

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tacachale Facility I

Ownership: State

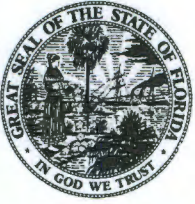
Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	64.281	231.721	296.002	64.281	357.434	421.716
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)	64.281	231.721	296.002	64.281	357.434	421.716
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)	64.281	231.721	296.002	64.281	357.434	421.716
12.Plus: Property Rate Component			0.577			0.577
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			296.579			422.292
15.Prospective Rate: Line 11 x Inflation 1.05175287	67.608	243.713	311.321	67.608	375.933	443.541
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	67.608	243.713	311.321	67.608	375.933	443.541
19.Property Rate Component			0.577			0.577
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>311.90</b>			<b>444.12</b>
23.Medicaid Days		2,831			24,299	
24.Resident Days		2,831			24,352	
25.Medicaid Utilization		100.00%			99.78%	
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>311.90</b>			<b>444.12</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 - 2016/07**  
**RI:299.95 / NM:428.38**

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

Provider Number: 028006200  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>300.49</u>	<u>299.95</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>433.22</u>	<u>428.38</u>	<u>7/1/2016</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:  
 Attn: Revenue Management/Tacachale  
 1621 N. E. Waldo Road.  
 Gainesville, FL 32609

Comments:

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) 07/2016 to 7/2016

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 Days In Reporting Period: 365  
 Number of Beds: 92

	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	11,817	18,947	30,764
2. Operating Expenses component			
A. Administration			923,429
B. Plant Operation			651,508
C. Laundry			0
D. Housekeeping			152,416
E. Operating Expense Component & Per Diem	56.1485	56.1485	1,727,353
3. Resident Care			
A. Dietary			911,891
B. Other			803,174
C. Nursing			0
D. Resident Care & Per Diem	55.7491	55.7491	1,715,065
4. Prop Exp & Per Diem	0.5398	0.5398	16,606
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	5,908.50	18,947.00	24,855.50
3. Staffing Percent	0.24	0.76	1.00
4. Allocation of Direct Care	1,440,727.20	4,620,031.80	6,060,759.00
5. Direct Care Expense Per Diem	121.9199	243.8398	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,565	18,944	30,509
2. Additional Services	588,150	967,108	1,555,258
3. Additional Services Exp & Per Diem	50.8560	51.0509	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	56.1485	56.1485	1,727,353
2. Resident Care Component	228.5250	350.6398	9,331,082
3. Property Cost Component	0.5398	0.5398	16,606
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>285.2133</b>	<b>407.3281</b>	<b>11,075,041</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200
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FYE: 06/30/2015
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7491	55.7491	A3D Allowable Resident Care Exp	1,715,065
B5 Allocation of D/C Expenses	121.9199	243.8398	B4 Allocation of D/C Expenses	6,060,759
C3 Additional Services per Diem	50.8560	51.0509	C2 Additional Services per Diem	1,555,258
<b>Total Resident Care Component</b>	<b>228.5250</b>	<b>350.6398</b>	<b>Total Resident Care Component</b>	<b>9,331,082</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028006200 - 2016/07

RI: 299.95

NM: 428.38

Tacachale Facility II

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	56.149	228.525	284.674	56.149	350.640	406.788
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)	56.149	228.525	284.674	56.149	350.640	406.788
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)	56.149	228.525	284.674	56.149	350.640	406.788
12.Plus: Property Rate Component			0.540			0.540
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			285.213			407.328
15.Prospective Rate: Line 11 x Inflation 1.05175287	59.054	240.352	299.406	59.054	368.786	427.841
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.054	240.352	299.406	59.054	368.786	427.841
19.Property Rate Component			0.540			0.540
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>299.95</b>			<b>428.38</b>
23.Medicaid Days		11,565			18,944	
24.Resident Days		11,817			18,947	
25.Medicaid Utilization		97.87%			99.98%	
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>299.95</b>			<b>428.38</b>





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

**028009700 - 2016/07**  
**RI:378.15 / NM:590.66**

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

Provider Number: 028009700  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>389.36</u>	<u>378.15</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>611.06</u>	<u>590.66</u>	<u>7/1/2016</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 <u>        </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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments:

For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance

**028009700**

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name:	<b>Sunland Marianna II</b>	Cost Report Entered By :	Pridgeon, Chantelle
Provider Number:	28009700	Rate Semester :	July, 2016
Audit Status:	Unaudited	Cost Report :	7/1/2014 - 6/30/2015
Date:	6/29/2016	Days In Reporting Period:	365
		Number of Beds:	121

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	35,684	1,657	37,341
2. Operating Expenses component			
A. Administration			836,481
B. Plant Operation			1,459,991
C. Laundry			0
D. Housekeeping			204,738
E. Operating Expense Component & Per Diem	66.9829	66.9829	2,501,210
3. Resident Care			
A. Dietary			1,207,109
B. Other			54,921
C. Nursing			926,557
D. Resident Care & Per Diem	58.6108	58.6108	2,188,587
4. Prop Exp & Per Diem	2.5622	2.5622	95,675
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	17,842.00	1,657.00	19,499.00
3. Staffing Percent	0.92	0.08	1.00
4. Allocation of Direct Care	7,209,538.68	669,555.32	7,879,094.00
5. Direct Care Expense Per Diem	202.0384	404.0768	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	34,739	1,657	36,396
2. Additional Services	1,023,826	48,864	1,072,690
3. Additional Services Exp & Per Diem	29.4719	29.4894	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	66.9829	66.9829	2,501,210
2. Resident Care Component	290.1211	492.1770	11,140,371
3. Property Cost Component	2.5622	2.5622	95,675
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>359.6662</b>	<b>561.7221</b>	<b>13,737,256</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

Provider Number: 28009700
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FYE: 06/30/2015
-----------------

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	58.6108	58.6108	A3D Allowable Resident Care Exp	2,188,587
B5 Allocation of D/C Expenses	202.0384	404.0768	B4 Allocation of D/C Expenses	7,879,094
C3 Additional Services per Diem	29.4719	29.4894	C2 Additional Services per Diem	1,072,690
<b>Total Resident Care Component</b>	<b>290.1211</b>	<b>492.1770</b>	<b>Total Resident Care Component</b>	<b>11,140,371</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028009700 - 2016/07

RI: 378.15

NM: 590.66

Sunland Marianna II

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	66.983	290.121	357.104	66.983	492.177	559.160
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)	66.983	290.121	357.104	66.983	492.177	559.160
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)	66.983	290.121	357.104	66.983	492.177	559.160
12.Plus: Property Rate Component			2.562			2.562
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			359.666			561.722
15.Prospective Rate: Line 11 x Inflation 1.05175287	70.449	305.136	375.585	70.449	517.649	588.098
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	70.449	305.136	375.585	70.449	517.649	588.098
19.Property Rate Component			2.562			2.562
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>378.15</b>			<b>590.66</b>
23.Medicaid Days		34,739			1,657	
24.Resident Days		35,684			1,657	
25.Medicaid Utilization		97.35%			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>378.15</b>			<b>590.66</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 - 2016/07**  
**RI:317.58 / NM:452.91**

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

Provider Number: 028011900  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>293.60</b>	<b>317.58</b>	<b>7/1/2016</b>
#8 Non-Ambulatory & #9 Medical	<b>419.77</b>	<b>452.91</b>	<b>7/1/2016</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

Comments:

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



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2016 to 7/2016

**028011900**

Provider Name: **Tacachale Facility III**  
 Provider Number: 28011900  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 Days In Reporting Period: 365  
 Number of Beds: 60

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

<b><u>A. Allocation of Expenses (excluding B &amp; C)</u></b>			
1. Resident Days	6,679	6,194	12,873
2. Operating Expenses component			
A. Administration			392,119
B. Plant Operation			268,618
C. Laundry			0
D. Housekeeping			62,841
E. Operating Expense Component & Per Diem	56.2090	56.2090	723,578
3. Resident Care			
A. Dietary			381,575
B. Other			336,067
C. Nursing			0
D. Resident Care & Per Diem	55.7478	55.7478	717,642
4. Prop Exp & Per Diem	0.5319	0.5319	6,847
5. ROE/Use Per Diem	0.0000	0.0000	0
<b><u>B. Direct Care Expense</u></b>			
1. Staffing	0.50	1.00	
2. Total Staffing Required	3,339.50	6,194.00	9,533.50
3. Staffing Percent	0.35	0.65	1.00
4. Allocation of Direct Care	901,509.82	1,672,092.18	2,573,602.00
5. Direct Care Expense Per Diem	134.9768	269.9535	
<b><u>C. Additional Services Expense</u></b>			
1. Medicaid Inpatient Days	6,679	6,193	12,872
2. Additional Services	364,072	298,549	662,621
3. Additional Services Exp & Per Diem	54.5100	48.2075	
<b><u>D. Medicaid Per Diem Cost</u></b>			
1. Operating Component	56.2090	56.2090	723,578
2. Resident Care Component	245.2346	373.9088	3,953,865
3. Property Cost Component	0.5319	0.5319	6,847
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>301.9755</b>	<b>430.6497</b>	<b>4,684,290</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility III

Provider Number: 28011900
---------------------------

FYE: 06/30/2015
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7478	55.7478	A3D Allowable Resident Care Exp	717,642
B5 Allocation of D/C Expenses	134.9768	269.9535	B4 Allocation of D/C Expenses	2,573,602
C3 Additional Services per Diem	54.5100	48.2075	C2 Additional Services per Diem	662,621
<b>Total Resident Care Component</b>	<b>245.2346</b>	<b>373.9088</b>	<b>Total Resident Care Component</b>	<b>3,953,865</b>

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# Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028011900 - 2016/07

RI: 317.58

NM: 452.91

## ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

### Tacachale Facility III

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	56.209	245.235	301.444	56.209	373.909	430.118
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)	56.209	245.235	301.444	56.209	373.909	430.118
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)	56.209	245.235	301.444	56.209	373.909	430.118
12.Plus: Property Rate Component			0.532			0.532
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			301.976			430.650
15.Prospective Rate: Line 11 x Inflation 1.05175287	59.118	257.926	317.044	59.118	393.260	452.378
16.Interim Rate Component:	0.000	0.000	0.000	0.000	0.000	0.000
17.NA	0.000	0.000	0.000	0.000	0.000	0.000
18.Total Operating & Residential Care Rate	59.118	257.926	317.044	59.118	393.260	452.378
19.Property Rate Component			0.532			0.532
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>317.58</b>			<b>452.91</b>
23.Medicaid Days		6,679			6,193	
24.Resident Days		6,679			6,194	
25.Medicaid Utilization		100.00%			99.98%	
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>317.58</b>			<b>452.91</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 - 2016/07**  
**RI:302.65 / NM:447.75**

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

Provider Number: 028015100  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>282.57</u>	<u>302.65</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>418.47</u>	<u>447.75</u>	<u>7/1/2016</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

Comments:

           For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance

**028015100**

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Tacachale Facility IV**  
Provider Number: 28015100  
Audit Status: Unaudited  
Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
Rate Semester : July, 2016  
Cost Report : 7/1/2014 - 6/30/2015  
Days In Reporting Period: 365  
Number of Beds: 60

	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	10,988	9,328	20,316
2. Operating Expenses component			
A. Administration			578,515
B. Plant Operation			453,733
C. Laundry			0
D. Housekeeping			106,147
E. Operating Expense Component & Per Diem	56.0344	56.0344	1,138,395
3. Resident Care			
A. Dietary			602,196
B. Other			530,419
C. Nursing			0
D. Resident Care & Per Diem	55.7499	55.7499	1,132,615
4. Prop Exp & Per Diem	0.5693	0.5693	11,565
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	5,494.00	9,328.00	14,822.00
3. Staffing Percent	0.37	0.63	1.00
4. Allocation of Direct Care	1,407,407.72	2,389,570.28	3,796,978.00
5. Direct Care Expense Per Diem	128.0859	256.1718	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,988	9,326	20,314
2. Additional Services	520,290	533,651	1,053,941
3. Additional Services Exp & Per Diem	47.3507	57.2219	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	56.0344	56.0344	1,138,395
2. Resident Care Component	231.1865	369.1436	5,983,534
3. Property Cost Component	0.5693	0.5693	11,565
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>287.7902</b>	<b>425.7473</b>	<b>7,133,494</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
---------------------------

FYE: 06/30/2015
-----------------

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7499	55.7499	A3D Allowable Resident Care Exp	1,132,615
B5 Allocation of D/C Expenses	128.0859	256.1718	B4 Allocation of D/C Expenses	3,796,978
C3 Additional Services per Diem	47.3507	57.2219	C2 Additional Services per Diem	1,053,941
<b>Total Resident Care Component</b>	<b>231.1865</b>	<b>369.1436</b>	<b>Total Resident Care Component</b>	<b>5,983,534</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028015100 - 2016/07

RI: 302.65

NM: 447.75

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tacachale Facility IV

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	56.034	231.187	287.221	56.034	369.144	425.178
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)	56.034	231.187	287.221	56.034	369.144	425.178
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)	56.034	231.187	287.221	56.034	369.144	425.178
12.Plus: Property Rate Component			0.569			0.569
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			287.790			425.747
15.Prospective Rate: Line 11 x Inflation 1.05175287	58.934	243.151	302.085	58.934	388.248	447.182
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	58.934	243.151	302.085	58.934	388.248	447.182
19.Property Rate Component			0.569			0.569
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>302.65</b>			<b>447.75</b>
23.Medicaid Days		10,988			9,326	
24.Resident Days		10,988			9,328	
25.Medicaid Utilization		100.00%			99.98%	
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>302.65</b>			<b>447.75</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 - 2016/07**  
**RI:278.02 / NM:415.37**

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

Provider Number: 028016000  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<b>281.57</b>	<b>278.02</b>	<b>7/1/2016</b>
#8 Non-Ambulatory & #9 Medical	<b>422.80</b>	<b>415.37</b>	<b>7/1/2016</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:

Comments:

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) 07/2016 to 7/2016

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 Days In Reporting Period: 365  
 Number of Beds: 44

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

**A. Allocation of Expenses (excluding B & C)**

1. Resident Days	9,907	3,203	13,110
2. Operating Expenses component			
A. Administration			219,031
B. Plant Operation			498,826
C. Laundry			0
D. Housekeeping			69,952
E. Operating Expense Component & Per Diem	60.0922	60.0922	787,809
3. Resident Care			
A. Dietary			413,166
B. Other			18,765
C. Nursing			325,304
D. Resident Care & Per Diem	57.7601	57.7601	757,235
4. Prop Exp & Per Diem	2.4934	2.4934	32,689
5. ROE/Use Per Diem	0.0000	0.0000	0

**B. Direct Care Expense**

1. Staffing	0.50	1.00	
2. Total Staffing Required	4,953.50	3,203.00	8,156.50
3. Staffing Percent	0.61	0.39	1.00
4. Allocation of Direct Care	1,252,952.81	810,176.19	2,063,129.00
5. Direct Care Expense Per Diem	126.4715	252.9429	

**C. Additional Services Expense**

1. Medicaid Inpatient Days	9,159	3,203	12,362
2. Additional Services	161,590	69,715	231,305
3. Additional Services Exp & Per Diem	17.6428	21.7655	

**D. Medicaid Per Diem Cost**

1. Operating Component	60.0922	60.0922	787,809
2. Resident Care Component	201.8744	332.4685	3,051,669
3. Property Cost Component	2.4934	2.4934	32,689
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>264.4600</b>	<b>395.0541</b>	<b>3,872,167</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

Provider Number: 28016000

FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	57.7601	57.7601	A3D Allowable Resident Care Exp	757,235
B5 Allocation of D/C Expenses	126.4715	252.9429	B4 Allocation of D/C Expenses	2,063,129
C3 Additional Services per Diem	17.6428	21.7655	C2 Additional Services per Diem	231,305
<b>Total Resident Care Component</b>	<b>201.8744</b>	<b>332.4685</b>	<b>Total Resident Care Component</b>	<b>3,051,669</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028016000 - 2016/07

RI: 278.02

NM: 415.37

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sunland Marianna III

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	60.092	201.874	261.967	60.092	332.469	392.561
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)	60.092	201.874	261.967	60.092	332.469	392.561
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)	60.092	201.874	261.967	60.092	332.469	392.561
12.Plus: Property Rate Component			2.493			2.493
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			264.460			395.054
15.Prospective Rate: Line 11 x Inflation 1.05175287	63.202	212.322	275.524	63.202	349.675	412.877
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	63.202	212.322	275.524	63.202	349.675	412.877
19.Property Rate Component			2.493			2.493
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>278.02</b>			<b>415.37</b>
23.Medicaid Days		9,159			3,203	
24.Resident Days		9,907			3,203	
25.Medicaid Utilization		92.45%			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>278.02</b>			<b>415.37</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 - 2016/07**  
**RI:328.71 / NM:475.57**

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

Provider Number: 028024100  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>290.13</u>	<u>328.71</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>407.47</u>	<u>475.57</u>	<u>7/1/2016</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

Comments:

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



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2016 to 7/2016

**028024100**

Provider Name: **Tacachale Facility V**  
 Provider Number: 28024100  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 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	6,559	5,788	12,347
2. Operating Expenses component			
A. Administration			374,725
B. Plant Operation			335,482
C. Laundry			0
D. Housekeeping			78,484
E. Operating Expense Component & Per Diem	63.8771	63.8771	788,691
3. Resident Care			
A. Dietary			365,983
B. Other			322,325
C. Nursing			0
D. Resident Care & Per Diem	55.7470	55.7470	688,308
4. Prop Exp & Per Diem	0.6926	0.6926	8,551
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	3,279.50	5,788.00	9,067.50
3. Staffing Percent	0.36	0.64	1.00
4. Allocation of Direct Care	889,520.49	1,569,917.51	2,459,438.00
5. Direct Care Expense Per Diem	135.6183	271.2366	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	6,559	5,788	12,347
2. Additional Services	371,460	351,013	722,473
3. Additional Services Exp & Per Diem	56.6336	60.6450	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	63.8771	63.8771	788,691
2. Resident Care Component	247.9989	387.6286	3,870,219
3. Property Cost Component	0.6926	0.6926	8,551
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>312.5686</b>	<b>452.1983</b>	<b>4,667,461</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
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FYE: 06/30/2015
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7470	55.7470	A3D Allowable Resident Care Exp	688,308
B5 Allocation of D/C Expenses	135.6183	271.2366	B4 Allocation of D/C Expenses	2,459,438
C3 Additional Services per Diem	56.6336	60.6450	C2 Additional Services per Diem	722,473
<b>Total Resident Care Component</b>	<b>247.9989</b>	<b>387.6286</b>	<b>Total Resident Care Component</b>	<b>3,870,219</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028024100 - 2016/07

RI: 328.71

NM: 475.57

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tacachale Facility V

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	63.877	247.999	311.876	63.877	387.629	451.506
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)	63.877	247.999	311.876	63.877	387.629	451.506
7.Incentive Line 5 x Oper 50% Res 50%	0.000	0.000	0.000	0.000	0.000	0.000
8.Incentive - Line 4 x Oper 10% Res 3%	0.000	0.000	0.000	0.000	0.000	0.000
9.Incentive - Min of Line 7,8 x Eligibility factor 100.00%	0.000	0.000	0.000	0.000	0.000	0.000
10.Final Incentive	0.000	0.000	0.000	0.000	0.000	0.000
11.Current Period Base: (line 6 + line 10)	63.877	247.999	311.876	63.877	387.629	451.506
12.Plus: Property Rate Component			0.693			0.693
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			312.569			452.198
15.Prospective Rate: Line 11 x Inflation 1.05175287	67.183	260.834	328.016	67.183	407.689	474.872
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	67.183	260.834	328.016	67.183	407.689	474.872
19.Property Rate Component			0.693			0.693
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>328.71</b>			<b>475.57</b>
23.Medicaid Days		6,559			5,788	
24.Resident Days		6,559			5,788	
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>328.71</b>			<b>475.57</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 - 2016/07**  
**RI:337.78 / NM:479.79**

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

Provider Number: 028026700  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>348.28</u>	<u>337.78</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>477.56</u>	<u>479.79</u>	<u>7/1/2016</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:  
 Attn: Revenue Management/Tacachale  
1621 N. E. Waldo Road.  
Gainesville, FL 32609

Comments:

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



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2016 to 7/2016

**028026700**

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 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	9,218	9,218
2. Operating Expenses component			
A. Administration			379,274
B. Plant Operation			227,354
C. Laundry			0
D. Housekeeping			53,188
E. Operating Expense Component & Per Diem	71.5791	71.5791	659,816
3. Resident Care			
A. Dietary			273,235
B. Other			240,670
C. Nursing			0
D. Resident Care & Per Diem	55.7502	55.7502	513,905
4. Prop Exp & Per Diem	0.6287	0.6287	5,795
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	9,218.00	9,218.00
3. Staffing Percent	0.00	1.00	1.00
4. Allocation of Direct Care	0.00	2,489,295.00	2,489,295.00
5. Direct Care Expense Per Diem	135.0236	270.0472	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	9,190	9,190
2. Additional Services	0	534,937	534,937
3. Additional Services Exp & Per Diem	58.2086	58.2086	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	71.5791	71.5791	659,816
2. Resident Care Component	248.9824	384.0060	3,538,137
3. Property Cost Component	0.6287	0.6287	5,795
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>321.1902</b>	<b>456.2138</b>	<b>4,203,748</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700
FYE: 06/30/2015

	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7502	55.7502	A3D Allowable Resident Care Exp	513,905
B5 Allocation of D/C Expenses	135.0236	270.0472	B4 Allocation of D/C Expenses	2,489,295
C3 Additional Services per Diem	58.2086	58.2086	C2 Additional Services per Diem	534,937
<b>Total Resident Care Component</b>	<b>248.9824</b>	<b>384.0060</b>	<b>Total Resident Care Component</b>	<b>3,538,137</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028026700 - 2016/07

RI: 337.78

NM: 479.79

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Tacachale Facility VII

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	71.579	248.982	320.562	71.579	384.006	455.585
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)	71.579	248.982	320.562	71.579	384.006	455.585
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)	71.579	248.982	320.562	71.579	384.006	455.585
12.Plus: Property Rate Component			0.629			0.629
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			321.190			456.214
15.Prospective Rate: Line 11 x Inflation 1.05175287	75.284	261.868	337.151	75.284	403.879	479.163
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	75.284	261.868	337.151	75.284	403.879	479.163
19.Property Rate Component			0.629			0.629
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>337.78</b>			<b>479.79</b>
23.Medicaid Days		0			9,190	
24.Resident Days		0			9,218	
25.Medicaid Utilization		0.00%			99.70%	
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>337.78</b>			<b>479.79</b>





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

**028055100 - 2016/07**  
**RI:455.30 / NM:706.56**

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

Provider Number: 028055100  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID


Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>429.42</u>	<u>455.30</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>654.53</u>	<u>706.56</u>	<u>7/1/2016</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 <u>          </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

Comments:

           For Information only - No Change in rate



**Florida Agency For Health Care Administration**  
 Office of Medicaid Cost Reimbursement Planning and Finance  
 ICF/IID Profile Sheet  
 Rate Period(s) 07/2016 to 7/2016

**028055100**

Provider Name: **Tacachale Facility VIII**  
 Provider Number: 28055100  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 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	10,263	8,209	18,472
2. Operating Expenses component			
A. Administration			951,393
B. Plant Operation			563,904
C. Laundry			0
D. Housekeeping			131,921
E. Operating Expense Component & Per Diem	89.1738	89.1738	1,647,218
3. Resident Care			
A. Dietary			547,538
B. Other			482,260
C. Nursing			0
D. Resident Care & Per Diem	55.7491	55.7491	1,029,798
4. Prop Exp & Per Diem	0.7781	0.7781	14,373
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	5,131.50	8,209.00	13,340.50
3. Staffing Percent	0.38	0.62	1.00
4. Allocation of Direct Care	2,401,905.52	3,842,393.48	6,244,299.00
5. Direct Care Expense Per Diem	234.0354	468.0708	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	10,254	8,195	18,449
2. Additional Services	545,513	475,766	1,021,279
3. Additional Services Exp & Per Diem	53.2000	58.0556	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	89.1738	89.1738	1,647,218
2. Resident Care Component	342.9845	581.8755	8,295,376
3. Property Cost Component	0.7781	0.7781	14,373
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>432.9364</b>	<b>671.8274</b>	<b>9,956,967</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100
FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	55.7491	55.7491	A3D Allowable Resident Care Exp	1,029,798
B5 Allocation of D/C Expenses	234.0354	468.0708	B4 Allocation of D/C Expenses	6,244,299
C3 Additional Services per Diem	53.2000	58.0556	C2 Additional Services per Diem	1,021,279
<b>Total Resident Care Component</b>	<b>342.9845</b>	<b>581.8755</b>	<b>Total Resident Care Component</b>	<b>8,295,376</b>

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# Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

## ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028055100 - 2016/07

RI: 455.30

NM: 706.56

### Tacachale Facility VIII

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	89.174	342.985	432.158	89.174	581.876	671.049
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)	89.174	342.985	432.158	89.174	581.876	671.049
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)	89.174	342.985	432.158	89.174	581.876	671.049
12.Plus: Property Rate Component			0.778			0.778
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			432.936			671.827
15.Prospective Rate: Line 11 x Inflation 1.05175287	93.789	360.735	454.524	93.789	611.989	705.778
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	93.789	360.735	454.524	93.789	611.989	705.778
19.Property Rate Component			0.778			0.778
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>455.30</b>			<b>706.56</b>
23.Medicaid Days		10,254			8,195	
24.Resident Days		10,263			8,209	
25.Medicaid Utilization		99.91%			99.83%	
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>455.30</b>			<b>706.56</b>





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

**028058500 - 2016/07**  
**RI:257.97 / NM:346.43**

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

Provider Number: 028058500  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>255.04</u>	<u>257.97</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>343.38</u>	<u>346.43</u>	<u>7/1/2016</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 <u>          </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:

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

Comments:

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



**Florida Agency For Health Care Administration**  
Office of Medicaid Cost Reimbursement Planning and Finance

**028058500**

ICF/IID Profile Sheet

Rate Period(s) 07/2016 to 7/2016

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited  
 Date: 6/29/2016

Cost Report Entered By : Pridgeon, Chantelle  
 Rate Semester : July, 2016  
 Cost Report : 7/1/2014 - 6/30/2015  
 Days In Reporting Period: 365  
 Number of Beds: 20

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	1,611	3,716	5,327
2. Operating Expenses component			
A. Administration			80,743
B. Plant Operation			229,359
C. Laundry			0
D. Housekeeping			32,163
E. Operating Expense Component & Per Diem	64.2510	64.2510	342,265
3. Resident Care			
A. Dietary			183,638
B. Other			8,628
C. Nursing			132,181
D. Resident Care & Per Diem	60.9061	60.9061	324,447
4. Prop Exp & Per Diem	2.8215	2.8215	15,030
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	805.50	3,716.00	4,521.50
3. Staffing Percent	0.18	0.82	1.00
4. Allocation of Direct Care	135,490.03	625,053.97	760,544.00
5. Direct Care Expense Per Diem	84.1031	168.2061	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,611	3,716	5,327
2. Additional Services	53,704	123,889	177,593
3. Additional Services Exp & Per Diem	33.3358	33.3393	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	64.2510	64.2510	342,265
2. Resident Care Component	178.3450	262.4515	1,262,584
3. Property Cost Component	2.8215	2.8215	15,030
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>245.4175</b>	<b>329.5240</b>	<b>1,619,879</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

Provider Number: 28058500

FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	60.9061	60.9061	A3D Allowable Resident Care Exp	324,447
B5 Allocation of D/C Expenses	84.1031	168.2061	B4 Allocation of D/C Expenses	760,544
C3 Additional Services per Diem	33.3358	33.3393	C2 Additional Services per Diem	177,593
<b>Total Resident Care Component</b>	<b>178.3450</b>	<b>262.4515</b>	<b>Total Resident Care Component</b>	<b>1,262,584</b>

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# Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

## ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

028058500 - 2016/07

RI: 257.97

NM: 346.43

### Sunland Marianna IV

Ownership: State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	64.251	178.345	242.596	64.251	262.452	326.703
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)	64.251	178.345	242.596	64.251	262.452	326.703
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)	64.251	178.345	242.596	64.251	262.452	326.703
12.Plus: Property Rate Component			2.822			2.822
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			245.418			329.524
15.Prospective Rate: Line 11 x Inflation 1.05175287	67.576	187.575	255.151	67.576	276.034	343.610
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	67.576	187.575	255.151	67.576	276.034	343.610
19.Property Rate Component			2.822			2.822
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>257.97</b>			<b>346.43</b>
23.Medicaid Days		1,611			3,716	
24.Resident Days		1,611			3,716	
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>257.97</b>			<b>346.43</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 - 2016/07**  
**RI:281.57 / NM:407.84**

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

Provider Number: 028562500  
 Date: 6/29/2016  
 FYE: 6/30/2015  
 Audit Status: Unaudited

Provider Type: ICF/IID

Level of Care	Current Rate	New Rate	Effective Date
#7 Institutional	<u>278.50</u>	<u>281.57</u>	<u>7/1/2016</u>
#8 Non-Ambulatory & #9 Medical	<u>398.98</u>	<u>407.84</u>	<u>7/1/2016</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:

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

Comments:

\_\_\_\_\_ 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) 07/2016 to 7/2016

Provider Name: **Sunland Marianna V**

Cost Report Entered By : Pridgeon, Chantelle

Provider Number: 28562500

Rate Semester : July, 2016

Audit Status: Unaudited

Cost Report : 7/1/2014 - 6/30/2015

Date: 6/29/2016

Days In Reporting Period: 365

Number of Beds: 51

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

**A. Allocation of Expenses (excluding B & C)**

1. Resident Days	3,436	10,820	14,256
2. Operating Expenses component			
A. Administration			320,395
B. Plant Operation			585,673
C. Laundry			0
D. Housekeeping			82,130
E. Operating Expense Component & Per Diem	69,3180	69,3180	988,198
3. Resident Care			
A. Dietary			331,282
B. Other			22,031
C. Nursing			353,740
D. Resident Care & Per Diem	49,5969	49,5969	707,053
4. Prop Exp & Per Diem	2,6922	2,6922	38,380
5. ROE/Use Per Diem	0.0000	0.0000	0

**B. Direct Care Expense**

1. Staffing	0.50	1.00	
2. Total Staffing Required	1,718.00	10,820.00	12,538.00
3. Staffing Percent	0.14	0.86	1.00
4. Allocation of Direct Care	413,524.44	2,604,385.56	3,017,910.00
5. Direct Care Expense Per Diem	120.3505	240.7011	

**C. Additional Services Expense**

1. Medicaid Inpatient Days	3,436	10,455	13,891
2. Additional Services	88,947	267,572	356,519
3. Additional Services Exp & Per Diem	25.8868	25.5927	

**D. Medicaid Per Diem Cost**

1. Operating Component	69,3180	69,3180	988,198
2. Resident Care Component	195,8342	315,8907	4,081,482
3. Property Cost Component	2,6922	2,6922	38,380
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>267.8444</b>	<b>387.9009</b>	<b>5,108,060</b>



## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

Provider Number: 28562500

FYE: 06/30/2015

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	49.5969	49.5969	A3D Allowable Resident Care Exp	707,053
B5 Allocation of D/C Expenses	120.3505	240.7011	B4 Allocation of D/C Expenses	3,017,910
C3 Additional Services per Diem	25.8868	25.5927	C2 Additional Services per Diem	356,519
<b>Total Resident Care Component</b>	<b>195.8342</b>	<b>315.8907</b>	<b>Total Resident Care Component</b>	<b>4,081,482</b>

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Florida Agency for Health Care Administration

Office of Medicaid Cost Reimbursement Planning and Finance

028562500 - 2016/07

RI: 281.57

NM: 407.84

ICF/IID Calculation Sheet

Rates Effective 07/01/2016 through 06/30/2017

Sunland Marianna V

Ownership:State

Incentive Rating: Eligible from 05/01/2015 - 04/30/2016 Days Eligible: 366 of 366

Eligibility Factor : 100.00%

	Fiscal Year Begin	Fiscal Year End	Audit Status	Base Semester
Current Cost Report	7/1/2014	6/30/2015	Unaudited	201507
Prior Cost Report	7/1/2013	6/30/2014	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 1.02404884	0.000	0.000	0.000	0.000	0.000	0.000
3.Line 1 X 1.4000 X Inflation Factor 1.03366838	0.000	0.000	0.000	0.000	0.000	0.000
4.Current Period Cost	69.318	195.834	265.152	69.318	315.891	385.209
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)	69.318	195.834	265.152	69.318	315.891	385.209
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)	69.318	195.834	265.152	69.318	315.891	385.209
12.Plus: Property Rate Component			2.692			2.692
13.Plus: ROE/Use Rate			0.000			0.000
14.Total Current Period Base			267.844			387.901
15.Prospective Rate: Line 11 x Inflation 1.05175287	72.905	205.969	278.875	72.905	332.239	405.144
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	72.905	205.969	278.875	72.905	332.239	405.144
19.Property Rate Component			2.692			2.692
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>407.84</b>
23.Medicaid Days		3,436			10,455	
24.Resident Days		3,436			10,820	
25.Medicaid Utilization		100.00%			96.63%	
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>407.84</b>