



**Florida Agency For Health Care Administration**

**028003800**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna I**  
 Provider Number: 28003800  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 Days In Reporting Period: 365  
 Number of Beds: 113

	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	12,520	9,664	22,184
2. Operating Expenses component			
A. Administration			498,152
B. Plant Operation			969,849
C. Laundry			0
D. Housekeeping			86,523
E. Operating Expense Component & Per Diem	70.0741	70.0741	1,554,524
3. Resident Care			
A. Dietary			960,571
B. Other			46,987
C. Nursing			728,074
D. Resident Care & Per Diem	78.2380	78.2380	1,735,632
4. Prop Exp & Per Diem	2.1554	2.1554	47,815
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	6,260.00	9,664.00	15,924.00
3. Staffing Percent	0.3931	0.6069	1.0000
4. Allocation of Direct Care	1,617,542.11	2,497,112.89	4,114,655.00
5. Direct Care Expense Per Diem	129.1967	258.3933	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,462	9,664	22,126
2. Additional Services	353,746	275,920	629,666
3. Additional Services Exp & Per Diem	28.3860	28.5513	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	70.0741	70.0741	1,554,524
2. Resident Care Component	235.8207	365.1826	6,479,953
3. Property Cost Component	2.1554	2.1554	47,815
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>308.0502</b>	<b>437.4121</b>	<b>8,082,292</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna I

Provider Number: 28003800
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	78.2380	78.2380	A3D Allowable Resident Care Exp	1,735,632
B5 Allocation of D/C Expenses	129.1967	258.3933	B4 Allocation of D/C Expenses	4,114,655
C3 Additional Services per Diem	28.3860	28.5513	C2 Additional Services per Diem	629,666
<b>Total Resident Care Component</b>	<b>235.8207</b>	<b>365.1826</b>	<b>Total Resident Care Component</b>	<b>6,479,953</b>

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# Florida Agency For Health Care Administration

**028004600**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility I**

Cost Report Entered By : Berry, Alycia

Provider Number: 28004600

Rate Semester : July, 2020

Audit Status: Unaudited Costs

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

Date: 7/27/2020

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	6,039	19,489	25,528
2. Operating Expenses component			
A. Administration			937,874
B. Plant Operation			511,745
C. Laundry			0
D. Housekeeping			106,376
E. Operating Expense Component & Per Diem	60.9525	60.9525	1,555,995
3. Resident Care			
A. Dietary			847,864
B. Other			904,420
C. Nursing			0
D. Resident Care & Per Diem	68.6416	68.6416	1,752,284
4. Prop Exp & Per Diem	0.3304	0.3304	8,435
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	3,019.50	19,489.00	22,508.50
3. Staffing Percent	0.1341	0.8659	1.0000
4. Allocation of Direct Care	805,609.19	5,199,707.81	6,005,317.00
5. Direct Care Expense Per Diem	133.4011	266.8022	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	6,039	19,384	25,423
2. Additional Services	345,619	1,259,913	1,605,532
3. Additional Services Exp & Per Diem	57.2312	64.9976	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	60.9525	60.9525	1,555,995
2. Resident Care Component	259.2739	400.4414	9,363,133
3. Property Cost Component	0.3304	0.3304	8,435
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>320.5568</b>	<b>461.7243</b>	<b>10,927,563</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility I

Provider Number: 28004600
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	68.6416	68.6416	A3D Allowable Resident Care Exp	1,752,284
B5 Allocation of D/C Expenses	133.4011	266.8022	B4 Allocation of D/C Expenses	6,005,317
C3 Additional Services per Diem	57.2312	64.9976	C2 Additional Services per Diem	1,605,532
<b>Total Resident Care Component</b>	<b>259.2739</b>	<b>400.4414</b>	<b>Total Resident Care Component</b>	<b>9,363,133</b>

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# Florida Agency For Health Care Administration

**028006200**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility II**  
 Provider Number: 28006200  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	11,337	16,836	28,173
2. Operating Expenses component			
A. Administration			839,406
B. Plant Operation			620,364
C. Laundry			0
D. Housekeeping			128,954
E. Operating Expense Component & Per Diem	56.3917	56.3917	1,588,724
3. Resident Care			
A. Dietary			946,737
B. Other			1,009,889
C. Nursing			0
D. Resident Care & Per Diem	69.4504	69.4504	1,956,626
4. Prop Exp & Per Diem	0.3629	0.3629	10,225
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	5,668.50	16,836.00	22,504.50
3. Staffing Percent	0.2519	0.7481	1.0000
4. Allocation of Direct Care	1,353,825.32	4,020,993.68	5,374,819.00
5. Direct Care Expense Per Diem	119.4165	238.8331	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,331	16,782	28,113
2. Additional Services	683,011	1,117,061	1,800,072
3. Additional Services Exp & Per Diem	60.2781	66.5630	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	56.3917	56.3917	1,588,724
2. Resident Care Component	249.1450	374.8465	9,131,517
3. Property Cost Component	0.3629	0.3629	10,225
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>305.8996</b>	<b>431.6011</b>	<b>10,730,466</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility II

Provider Number: 28006200
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.4504	69.4504	A3D Allowable Resident Care Exp	1,956,626
B5 Allocation of D/C Expenses	119.4165	238.8331	B4 Allocation of D/C Expenses	5,374,819
C3 Additional Services per Diem	60.2781	66.5630	C2 Additional Services per Diem	1,800,072
<b>Total Resident Care Component</b>	<b>249.1450</b>	<b>374.8465</b>	<b>Total Resident Care Component</b>	<b>9,131,517</b>

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# Florida Agency For Health Care Administration

028009700

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna II**

Cost Report Entered By : Berry, Alycia

Provider Number: 28009700

Rate Semester : July, 2020

Audit Status: Unaudited Costs

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

Date: 7/27/2020

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	24,702	2,920	27,622
2. Operating Expenses component			
A. Administration			988,004
B. Plant Operation			1,798,828
C. Laundry			0
D. Housekeeping			160,478
E. Operating Expense Component & Per Diem	106.7015	106.7015	2,947,310
3. Resident Care			
A. Dietary			1,218,174
B. Other			87,150
C. Nursing			906,548
D. Resident Care & Per Diem	80.0765	80.0765	2,211,872
4. Prop Exp & Per Diem	3.2106	3.2106	88,684
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	12,351.00	2,920.00	15,271.00
3. Staffing Percent	0.8088	0.1912	1.0000
4. Allocation of Direct Care	6,600,323.13	1,560,435.87	8,160,759.00
5. Direct Care Expense Per Diem	267.1979	534.3958	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	23,509	2,920	26,429
2. Additional Services	1,034,078	128,424	1,162,502
3. Additional Services Exp & Per Diem	43.9865	43.9808	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	106.7015	106.7015	2,947,310
2. Resident Care Component	391.2609	658.4531	11,535,133
3. Property Cost Component	3.2106	3.2106	88,684
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>501.1730</b>	<b>768.3652</b>	<b>14,571,127</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna II

Provider Number: 28009700
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	80.0765	80.0765	A3D Allowable Resident Care Exp	2,211,872
B5 Allocation of D/C Expenses	267.1979	534.3958	B4 Allocation of D/C Expenses	8,160,759
C3 Additional Services per Diem	43.9865	43.9808	C2 Additional Services per Diem	1,162,502
<b>Total Resident Care Component</b>	391.2609	658.4531	<b>Total Resident Care Component</b>	<b>11,535,133</b>

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# Florida Agency For Health Care Administration

**028015100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility IV**  
 Provider Number: 28015100  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	12,058	7,818	19,876
2. Operating Expenses component			
A. Administration			632,544
B. Plant Operation			473,292
C. Laundry			0
D. Housekeeping			98,383
E. Operating Expense Component & Per Diem	60.5866	60.5866	1,204,219
3. Resident Care			
A. Dietary			668,767
B. Other			713,377
C. Nursing			0
D. Resident Care & Per Diem	69.5383	69.5383	1,382,144
4. Prop Exp & Per Diem	0.3925	0.3925	7,801
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	6,029.00	7,818.00	13,847.00
3. Staffing Percent	0.4354	0.5646	1.0000
4. Allocation of Direct Care	1,763,486.20	2,286,769.80	4,050,256.00
5. Direct Care Expense Per Diem	146.2503	292.5006	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	12,040	7,806	19,846
2. Additional Services	742,179	602,850	1,345,029
3. Additional Services Exp & Per Diem	61.6428	77.2291	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	60.5866	60.5866	1,204,219
2. Resident Care Component	277.4314	439.2680	6,777,429
3. Property Cost Component	0.3925	0.3925	7,801
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>338.4105</b>	<b>500.2471</b>	<b>7,989,449</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility IV

Provider Number: 28015100
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.5383	69.5383	A3D Allowable Resident Care Exp	1,382,144
B5 Allocation of D/C Expenses	146.2503	292.5006	B4 Allocation of D/C Expenses	4,050,256
C3 Additional Services per Diem	61.6428	77.2291	C2 Additional Services per Diem	1,345,029
<b>Total Resident Care Component</b>	<b>277.4314</b>	<b>439.2680</b>	<b>Total Resident Care Component</b>	<b>6,777,429</b>

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# Florida Agency For Health Care Administration

**028016000**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna III**  
 Provider Number: 28016000  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	5,118	8,188	13,306
2. Operating Expenses component			
A. Administration			248,336
B. Plant Operation			671,132
C. Laundry			0
D. Housekeeping			59,874
E. Operating Expense Component & Per Diem	73.6015	73.6015	979,342
3. Resident Care			
A. Dietary			570,458
B. Other			32,515
C. Nursing			436,700
D. Resident Care & Per Diem	78.1357	78.1357	1,039,673
4. Prop Exp & Per Diem	2.4867	2.4867	33,088
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	2,559.00	8,188.00	10,747.00
3. Staffing Percent	0.2381	0.7619	1.0000
4. Allocation of Direct Care	488,421.35	1,562,795.65	2,051,217.00
5. Direct Care Expense Per Diem	95.4321	190.8641	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	4,380	8,188	12,568
2. Additional Services	114,136	232,571	346,707
3. Additional Services Exp & Per Diem	26.0584	28.4039	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	73.6015	73.6015	979,342
2. Resident Care Component	199.6262	297.4037	3,437,597
3. Property Cost Component	2.4867	2.4867	33,088
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>275.7144</b>	<b>373.4919</b>	<b>4,450,027</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna III

Provider Number: 28016000
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	78.1357	78.1357	A3D Allowable Resident Care Exp	1,039,673
B5 Allocation of D/C Expenses	95.4321	190.8641	B4 Allocation of D/C Expenses	2,051,217
C3 Additional Services per Diem	26.0584	28.4039	C2 Additional Services per Diem	346,707
<b>Total Resident Care Component</b>	199.6262	297.4037	<b>Total Resident Care Component</b>	3,437,597

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**Florida Agency For Health Care Administration**

**028024100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility V**  
 Provider Number: 28024100  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	11,083	2,154	13,237
2. Operating Expenses component			
A. Administration			383,444
B. Plant Operation			358,016
C. Laundry			0
D. Housekeeping			74,420
E. Operating Expense Component & Per Diem	61.6363	61.6363	815,880
3. Resident Care			
A. Dietary			449,627
B. Other			479,620
C. Nursing			0
D. Resident Care & Per Diem	70.2007	70.2007	929,247
4. Prop Exp & Per Diem	0.4458	0.4458	5,901
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	5,541.50	2,154.00	7,695.50
3. Staffing Percent	0.7201	0.2799	1.0000
4. Allocation of Direct Care	1,768,007.46	687,230.54	2,455,238.00
5. Direct Care Expense Per Diem	159.5243	319.0485	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	11,083	2,154	13,237
2. Additional Services	695,333	142,710	838,043
3. Additional Services Exp & Per Diem	62.7387	66.2535	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	61.6363	61.6363	815,880
2. Resident Care Component	292.4637	455.5027	4,222,528
3. Property Cost Component	0.4458	0.4458	5,901
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>354.5458</b>	<b>517.5848</b>	<b>5,044,309</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility V

Provider Number: 28024100
FYE: 06/30/2019

	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	70.2007	70.2007	A3D Allowable Resident Care Exp	929,247
B5 Allocation of D/C Expenses	159.5243	319.0485	B4 Allocation of D/C Expenses	2,455,238
C3 Additional Services per Diem	62.7387	66.2535	C2 Additional Services per Diem	838,043
<b>Total Resident Care Component</b>	292.4637	455.5027	<b>Total Resident Care Component</b>	<b>4,222,528</b>

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**Florida Agency For Health Care Administration**

**028026700**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility VII**  
 Provider Number: 28026700  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	10,788	10,788
2. Operating Expenses component			
A. Administration			401,003
B. Plant Operation			234,565
C. Laundry			0
D. Housekeeping			48,759
E. Operating Expense Component & Per Diem	63.4341	63.4341	684,327
3. Resident Care			
A. Dietary			350,617
B. Other			374,005
C. Nursing			0
D. Resident Care & Per Diem	67.1693	67.1693	724,622
4. Prop Exp & Per Diem	0.3584	0.3584	3,866
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	10,788.00	10,788.00
3. Staffing Percent	0.0000	1.0000	1.0000
4. Allocation of Direct Care	0.00	2,567,670.00	2,567,670.00
5. Direct Care Expense Per Diem	119.0059	238.0117	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	0	10,705	10,705
2. Additional Services	0	773,178	773,178
3. Additional Services Exp & Per Diem	72.2259	72.2259	
<b>D. Medicaid Per Diem Cost</b>			
1.Operating Component	63.4341	63.4341	684,327
2. Resident Care Component	258.4011	377.4069	4,065,470
3. Property Cost Component	0.3584	0.3584	3,866
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>322.1936</b>	<b>441.1994</b>	<b>4,753,663</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VII

Provider Number: 28026700
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FYE: 06/30/2019
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	Extrapolated R/I			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	67.1693	67.1693	A3D Allowable Resident Care Exp	724,622
B5 Allocation of D/C Expenses	119.0059	238.0117	B4 Allocation of D/C Expenses	2,567,670
C3 Additional Services per Diem	72.2259	72.2259	C2 Additional Services per Diem	773,178
<b>Total Resident Care Component</b>	<b>258.4011</b>	<b>377.4069</b>	<b>Total Resident Care Component</b>	<b>4,065,470</b>

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# Florida Agency For Health Care Administration

**028055100**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Tacachale Facility VIII**

Cost Report Entered By : Berry, Alycia

Provider Number: 28055100

Rate Semester : July, 2020

Audit Status: Unaudited Costs

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

Date: 7/27/2020

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	13,802	4,891	18,693
2. Operating Expenses component			
A. Administration			967,219
B. Plant Operation			601,781
C. Laundry			0
D. Housekeeping			125,092
E. Operating Expense Component & Per Diem	90.6271	90.6271	1,694,092
3. Resident Care			
A. Dietary			630,370
B. Other			672,418
C. Nursing			0
D. Resident Care & Per Diem	69.6939	69.6939	1,302,788
4. Prop Exp & Per Diem	0.5306	0.5306	9,919
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	6,901.00	4,891.00	11,792.00
3. Staffing Percent	0.5852	0.4148	1.0000
4. Allocation of Direct Care	3,624,438.89	2,568,777.11	6,193,216.00
5. Direct Care Expense Per Diem	262.6024	525.2049	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	13,776	4,873	18,649
2. Additional Services	853,505	323,110	1,176,615
3. Additional Services Exp & Per Diem	61.9559	66.3062	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	90.6271	90.6271	1,694,092
2. Resident Care Component	394.2522	661.2050	8,672,619
3. Property Cost Component	0.5306	0.5306	9,919
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>485.4099</b>	<b>752.3627</b>	<b>10,376,630</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Tacachale Facility VIII

Provider Number: 28055100
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	69.6939	69.6939	A3D Allowable Resident Care Exp	1,302,788
B5 Allocation of D/C Expenses	262.6024	525.2049	B4 Allocation of D/C Expenses	6,193,216
C3 Additional Services per Diem	61.9559	66.3062	C2 Additional Services per Diem	1,176,615
<b>Total Resident Care Component</b>	<b>394.2522</b>	<b>661.2050</b>	<b>Total Resident Care Component</b>	<b>8,672,619</b>

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**Florida Agency For Health Care Administration**

**028058500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna IV**  
 Provider Number: 28058500  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	1,913	3,570	5,483
2. Operating Expenses component			
A. Administration			96,140
B. Plant Operation			308,584
C. Laundry			0
D. Housekeeping			27,530
E. Operating Expense Component & Per Diem	78.8353	78.8353	432,254
3. Resident Care			
A. Dietary			263,339
B. Other			14,950
C. Nursing			179,951
D. Resident Care & Per Diem	83.5747	83.5747	458,240
4. Prop Exp & Per Diem	2.7748	2.7748	15,214
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	956.50	3,570.00	4,526.50
3. Staffing Percent	0.2113	0.7887	1.0000
4. Allocation of Direct Care	167,803.05	626,300.95	794,104.00
5. Direct Care Expense Per Diem	87.7172	175.4344	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	1,851	3,570	5,421
2. Additional Services	68,249	136,222	204,471
3. Additional Services Exp & Per Diem	36.8714	38.1574	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	78.8353	78.8353	432,254
2. Resident Care Component	208.1633	297.1665	1,456,815
3. Property Cost Component	2.7748	2.7748	15,214
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>289.7734</b>	<b>378.7766</b>	<b>1,904,283</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna IV

Provider Number: 28058500
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	83.5747	83.5747	A3D Allowable Resident Care Exp	458,240
B5 Allocation of D/C Expenses	87.7172	175.4344	B4 Allocation of D/C Expenses	794,104
C3 Additional Services per Diem	36.8714	38.1574	C2 Additional Services per Diem	204,471
<b>Total Resident Care Component</b>	<b>208.1633</b>	<b>297.1665</b>	<b>Total Resident Care Component</b>	<b>1,456,815</b>

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**Florida Agency For Health Care Administration**

**028562500**

Office of Medicaid Cost Reimbursement Planning and Finance

ICF/IID Profile Sheet

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

Provider Name: **Sunland Marianna V**  
 Provider Number: 28562500  
 Audit Status: Unaudited Costs  
 Date: 7/27/2020

Cost Report Entered By : Berry, Alycia  
 Rate Semester : July, 2020  
 Cost Report : 7/1/2018 - 6/30/2019  
 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	2,108	10,252	12,360
2. Operating Expenses component			
A. Administration			403,444
B. Plant Operation			427,850
C. Laundry			0
D. Housekeeping			38,170
E. Operating Expense Component & Per Diem	70.3450	70.3450	869,464
3. Resident Care			
A. Dietary			309,179
B. Other			20,728
C. Nursing			405,653
D. Resident Care & Per Diem	59.5113	59.5113	735,560
4. Prop Exp & Per Diem	1.7066	1.7066	21,094
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	1,054.00	10,252.00	11,306.00
3. Staffing Percent	0.0932	0.9068	1.0000
4. Allocation of Direct Care	310,661.06	3,021,723.94	3,332,385.00
5. Direct Care Expense Per Diem	147.3724	294.7448	
<b>C. Additional Services Expense</b>			
1. Medicaid Inpatient Days	2,108	10,084	12,192
2. Additional Services	88,059	421,092	509,151
3. Additional Services Exp & Per Diem	41.7737	41.7584	
<b>D. Medicaid Per Diem Cost</b>			
1. Operating Component	70.3450	70.3450	869,464
2. Resident Care Component	248.6574	396.0145	4,577,096
3. Property Cost Component	1.7066	1.7066	21,094
4. ROE/Use Allow Component	0.0000	0.0000	0
<b>5. Total Cost Per Diem</b>	<b>320.7090</b>	<b>468.0661</b>	<b>5,467,654</b>

## Resident Care Component Per-Diem Calculation

Facility Name: Sunland Marianna V

Provider Number: 28562500
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FYE: 06/30/2019
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	R/I & N/M Days			TOTALS
	R/I	N/M		
A3D Allowable Resident Care Exp	59.5113	59.5113	A3D Allowable Resident Care Exp	735,560
B5 Allocation of D/C Expenses	147.3724	294.7448	B4 Allocation of D/C Expenses	3,332,385
C3 Additional Services per Diem	41.7737	41.7584	C2 Additional Services per Diem	509,151
<b>Total Resident Care Component</b>	<b>248.6574</b>	<b>396.0145</b>	<b>Total Resident Care Component</b>	<b>4,577,096</b>

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